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Aberdeen Area

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NEBRASKA
NORTH DAKOTA
SOUTH DAKOTA

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IOWA
MICHIGAN
MINNESOTA
WISCONSIN

INDIANS ON FEDERAL RESERVATIONS

IN THE UNITED STATES

- A DIGEST -

Aberdeen Area	*	Nebraska	*	Iowa
	*		*	
	*	North Dakota	*	Michigan
	*		*	Minnesota
	*	South Dakota	*	Wisconsin

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Washington, D.C.

June 1959

Division of Indian Health

Program Analysis and
Special Studies Branch

Public Health Service Publication No. 615

Part 3.

The Division of Indian Health has had a constantly recurring need for general summary information on the various Indian reservation groups which come under its jurisdiction. Moreover, other governmental as well as non-governmental agencies have had an increasing need for similar information. Unfortunately, no one source has been able to provide, briefly and simply, the variety of facts required.

A series of "Digests" is, therefore, being prepared to present basic information about each Indian reservation group in the various Division of Indian Health Area and Sub-Area jurisdictions. The summaries are not intended as comprehensive studies--rather as fact sheets for quick and ready reference. Since they are aimed primarily to highlight the particular interests of health personnel, they may omit items of more direct concern to persons in other fields of interest. For example, no attempt is made to describe reservation conservation or development projects, business enterprises, educational endeavors, or Federal, State and local public assistance and welfare programs.

The Digests are prepared in the Division's Program Analysis and Special Studies Branch. Mr. John Costley and Mrs. Laura Rosen shared responsibility for searching the wide variety of information sources, selecting the pertinent facts to be used, and developing the general format and final presentation. Special acknowledgement is made of the assistance and helpful suggestions of the Aberdeen Area Office under the direction of Dr. Joseph H. Gerber, Medical Officer in Charge, and of Dr. Sidney Finkelstein, Assistant Area Medical Officer.

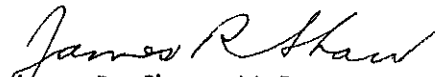

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Chief, Division of Indian Health

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Of an estimated total Indian population in the United States (including Alaska) of 534,000 in 1957, about 382,500 are potential beneficiaries of the Indian health service program now administered by the Public Health Service in the Department of Health, Education, and Welfare. Of these 382,500 Indian men, women, and children, about 345,000 reside in some 240 Federal Indian reservation areas, principally located in 24 States (except Alaska) west of the Mississippi River. In Alaska, health services are made available to about 37,500 Aleuts, Eskimos, and Indians.

Responsibility for the provision of health services for Indians and Alaska Natives was transferred to the Public Health Service from the Bureau of Indian Affairs, Department of the Interior, on July 1, 1955. The Service administers this program through the Division of Indian Health in its Bureau of Medical Services. At the present time, the Division operates 53 hospitals for Indians and Alaska Natives. Treatment for ambulatory patients and preventive health services are provided at hospital outpatient clinics, at 24 field health centers, 19 school health centers, and at several hundred smaller health service points. Extensive use also is made of local community resources for hospital and medical care and preventive health services. Hospital care is provided at about 300 community facilities either through contract with the Public Health Service or on a reimbursable basis. Contractual arrangements for service for Indian beneficiaries are also in effect with several hundred physicians and dentists. In addition, contracts are in effect with 4 local and State welfare departments for medical care, and with 22 State or local health departments for public health services.

Other services relating to the economic and social well-being of Indians continue to be administered by the Bureau of Indian Affairs, with which the Division of Indian Health maintains close working relationships. In both agencies, program operations are conducted through a system of Area Offices. (See map, opposite page.) Basically, the Indian Health Area structure conforms with that of the Bureau of Indian Affairs.

The jurisdiction of each of the Public Health Service Indian Health Areas includes large numbers of Indian people with wide variety in cultural patterns and economic circumstances. Altogether, there are today in the United States several hundred Indian tribes and bands, each with distinguishing characteristics. Sometimes members of a tribe are few in number, clustered together at one location; more often they are scattered over a broad area which may include a number of reservations. Once a vigorous people, totalling about 800,000, the Indian population was sharply reduced by tuberculosis, smallpox, dysentery and other diseases brought by the early white settlers. Today the Indian people are still faced with a burden of disease far in excess of that found in the general population. Most of their illnesses are from preventable diseases which have long been under control in other groups throughout the country.

In developing its program for improving the health of the Indian people, and in recruiting workers for this program, the Public Health Service has had a need for basic facts on the reservation groups which, for health purposes are under its jurisdiction. This series of Digests of Information from a wide variety of sources has been prepared in an effort to meet this need.

PHS INDIAN HEALTH AREA AND SUB-AREA JURISDICTION

ABERDEEN, SOUTH DAKOTA
PHS Indian Health Area Office
422½ South Main Street

OKLAHOMA CITY 2, OKLAHOMA
PHS Indian Health Area Office
301 Post Office & Court House Bldg.

Bemidji, Minnesota
PHS Indian Health Bemidji Office
124 Beltrami Avenue

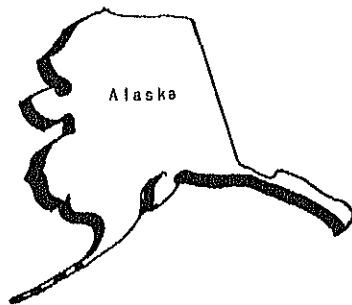
PHOENIX, ARIZONA
PHS Indian Health Area Office
4110 North 16th Street

ALBUQUERQUE, NEW MEXICO
PHS Indian Health Area Office
220½ - 3rd Street, N.W.

PORTLAND, OREGON
PHS Indian Health Area Office
P.O. Box 1729 (208 S.W. 5th St.)

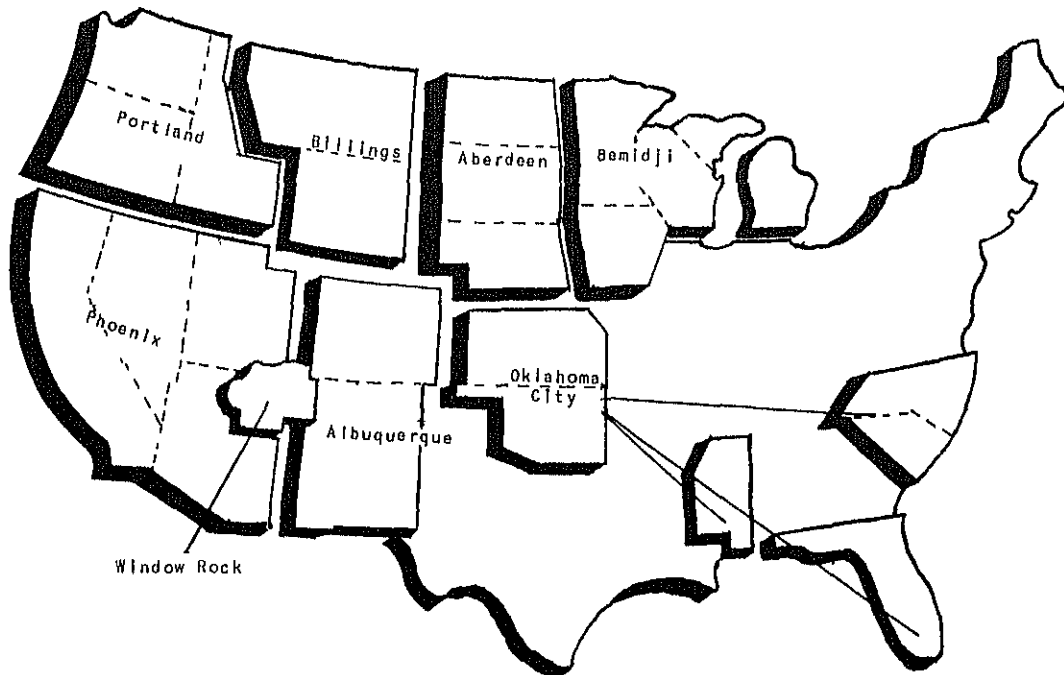
Window Rock, Arizona
PHS Indian Health Sub-Area Office
P.O. Box 188

Billings, Montana
PHS Indian Health Sub-Area Office
P.O. Box 2143



ANCHORAGE, ALASKA
PHS Alaska Native Health
Service Area Office
P.O. Box 7-741

Mt. Edgecumbe, Alaska
PHS Alaska Native Health
Service Sub-Area Office



The present publication is comprised of material on Indian reservations in the Aberdeen Area. Within this Area are three States to the northwest: Nebraska, North Dakota, and South Dakota, and four States in the Great Lakes region: Iowa, Michigan, Minnesota, and Wisconsin. The series will include a Digest on the reservations in each of the Public Health Service Indian health jurisdictions.

The Division of Indian Health Aberdeen Area Office has within its jurisdiction almost 61,000 Indian people. About 37,000 of these live in the three northwestern States--some 22,500 in South Dakota, 11,500 in North Dakota, and 3,000 along the northern border of Nebraska. There are eleven reservations and one large Indian community in the Dakotas, and four reservations in Nebraska. The Bemidji Office of the Aberdeen Area has responsibility, under the guidance of the Area office, for about 24,000 Indian people in the Great Lakes region, most of whom derive at least minimal health services from the Federal Government. However, States in this region are assuming more and more of the responsibility for the health of Indian citizens.

The Bemidji Indian Health Office is concerned with a health service population scattered over four States: nearly 11,000 Indian people on seven reservations and smaller tracts of land in Minnesota, more than 10,000 at seven reservations and miscellaneous holdings in Wisconsin, and 500 on one reservation in Iowa. In addition, an estimated 2,500 Indian people reside on or near four small reservations and in scattered locations in the State of Michigan.

Reservation resources in all seven States are meager, except for timber on the Red Lake Reservation in Minnesota and the Menominee Reservation, Wisconsin. The sacrifice of Indian owned acreage in the northwest to the Missouri River Dam and Reservoir projects has hard-pressed many of these Indian people to find a means of livelihood.

The Northwest Group

The Sioux Tribes, or members of the Siouan linguistic family, numerically predominate among Indians in Nebraska and the Dakotas. They are sometimes referred to as the Dakota, the Lacota, or the Nakota. In Nebraska, each of the four small reservations is named after the tribe settling upon it, and in each instance the tribe is of Siouan linguistic stock. In South Dakota the Indian population is almost entirely Sioux. In North Dakota, the Indian people are of Sioux derivation with the exception of the Chippewa at Turtle Mountain and the Arikara, the Mandan, and the Hidatsa at Fort Berthold.

The Chippewa are descended from an Algonquin speaking group which included the Ottawa and the Potawatomi. They are known to have lived in Eastern Canada and the Great Lakes region. As they migrated to the south and the west, the Chippewa separated, settling in Wisconsin, Michigan, Montana, Minnesota, and the Dakotas. The branch of the Tribe now established at Turtle Mountain Reservation was associated with the French in Wisconsin as early as 1692. These Chippewa drove the Fox Tribe out of northern Wisconsin, pushed the Sioux Tribe toward Mississippi and Minnesota, then continued westward. In their wanderings they frequently traded with non-Indians. Many of their descendants are of French-Indian extraction.

At Fort Berthold Reservation, remnants of three tribes live side by side: the Mandan and Hidatsa of Siouan linguistic stock, and the Arikara of Caddoan stock. It is believed the Hidatsa were living in present-day Montana when they were first encountered by non-Indian settlers. The Arikara are the sole survivors of the northern extension of the Caddoan stock known to Europeans in South Dakota during the early part of the eighteenth century. The traditional habitat of the Mandan was northern Wisconsin. The numbers of Mandan, Hidatsa, and Arikara in the Aberdeen Area are comparatively small.

The Sioux, historically one of the five largest Indian groups in the Continental United States, were first encountered by the French in 1640, in Minnesota. Separating into many bands, these people were attacked by white settlers and hostile Indian groups who drove them farther and farther to the west. Many of the Sioux signed treaties of peace and friendship with the Federal Government and were assigned large tracts of land in the Dakotas. Their position was altered drastically with the discovery of gold in California, in Montana, and then in the Black Hills. Tribal land became a thoroughfare for non-Indian prospectors and eventually was whittled down by millions of acres.

The Sioux joined in large hunting groups during the summer months, separated and returned to smaller camps of several related families during the cold winter months. Although they shot all sorts of game, their principal prey was the buffalo, so basic to the Sioux economy. At first the men of the tribe stampeded the buffalo on foot; later the Sioux had horses to ride, and their mobility increased as did the pace of the buffalo chase. It was not uncommon for a Sioux band to cover 600 miles during the summer season.

The typical Sioux family carried with it a portable tipi--a conical tent made of buffalo hide and supported by three or more poles. Prior to the trade of cloth and utensils with white settlers, not only the tipi but even the outer robes of the Sioux, home furnishings and utensils were made from buffalo skins sewn together with sinew thread. Tools and weapons were constructed from buffalo teeth and horns.

The western Sioux decorated buffalo skins with carvings and earth colored paintings. Men patterned their designs after the figures of birds, animals, or human beings; women used geometric forms. In time, the Sioux women became expert, too, in the art of quill embroidery. They brightened clothing with such embroidery or with crude native beads of shell, stone, bone or seeds. A type of weaving was sometimes done by certain Sioux women who fashioned head and arm bands, scarfs or belts, using a small bow-shaped loom with strings wrapped across the ends.

This was the Sioux way of life a century ago. Today the Sioux live without their buffalo on the limited reservation lands to which they have claim. On the whole, Sioux reservations are better delineated and less checkerboarded with non-Indian holdings than are reservations in many other parts of the country. Some Sioux families engage in agriculture or livestock raising, but the land is meager. In many places and frequently the most productive sites are leased to outsiders. Some of the men find work away from the reservation at factories, railroads or construction projects; some find seasonal agricultural jobs.

Most of the Indian people in the Aberdeen Area are in poor economic circumstances. The median income of reservation families is about half that for all rural farm families in the State. Although per capita payments have been made to those at the Fort Berthold Reservation, principally for land taken over by the Federal Government for construction of the Garrison Dam, the Indian group was impoverished by the loss of this land. Marginal family earnings are supplemented by welfare assistance on all reservations within the Aberdeen Area.

Education-wise, the majority of adult Indians in Nebraska and the Dakotas have had little more than eight years of schooling. About two-fifths of the children attended public school in 1958, with special arrangements for tuition (because of the nontaxable status of Indian land) made between the Bureau of Indian Affairs and local school authorities. An equal segment is enrolled at schools operated by the Bureau of Indian Affairs in this region (40 day schools and 5 reservation boarding schools). The Bureau has also established the Flandreau Indian Vocational High School at Flandreau, South Dakota; the Pierre Indian School at Pierre, South Dakota; and the Wahpeton Indian School at Wahpeton, North Dakota. The enrollments of these schools consist largely of children from these three States.

The Great Lakes Group

Most of the Indians living in the Great Lakes region today are descended from a large body of Algonquin speaking people who wandered toward the northwest from the Atlantic coast. After reaching Mackinaw they separated into the Chippewa, Ottawa and the Potawatomi Tribes.

Countless lakes, fertile fields and forests in Iowa, Michigan, Minnesota, and Wisconsin made these places, rich with fish and wild life, a natural habitat of the hunter and the fisherman. The Indian settlers were both handy and economical. They sewed together small animal skins, making clothing and moccasins; they covered their homes with tree bark; they burned and carved out the trunks of trees to make canoes. The waterways were their highways on which they travelled with comfort and ease.

The Chippewa and other Indian groups in Michigan, Minnesota, and Wisconsin retain small reservation areas, yet they no longer command abundant resources. With first growth timber long since felled, their land is covered with scrubby trees of little commercial value. Wild life has diminished. The many lakes no longer afford particular advantage except as they attract non-Indian vacationers.

On the whole, the Indian people of the Great Lakes region live frugally today. With two exceptions, reservation families show an average annual income below that of all rural farm families in the vicinity. Similarly, the Indian standard of living is usually comparable to that of the lowest income rural farm group in the vicinity. As mentioned earlier, timber is abundant at the Menominee Reservation in Wisconsin. Tribal members receive profits from a well-run tribal sawmill enterprise. Another site where families are fairly comfortable is the Fond du Lac Reservation. This reservation is not far from employment opportunity-rich Duluth, Minnesota. Off-reservation employment is increasing among these and most other Great Lakes Indian people.

With one exception (that of the younger age groups at Sac and Fox Reservation to attend the Bureau of Indian Affairs Day School at Tama, Iowa), the children of the Bemidji Office region attend local public schools. In 1950, the median number of years of schooling completed by adults aged 25 and older in each of these States is 8 years. It is anticipated that future generations will attend school well into the upper grades.

Indian Health Services

Health services for Indians in the Aberdeen Area are provided directly by the Public Health Service through a system of 12 hospitals, two major health centers, about 30 field health clinics, a number of smaller health service points, and school health centers at three Bureau of Indian Affairs boarding schools. Where it is to the advantage of the Indian beneficiaries of the health program, or where no adequate Public Health Service facilities are available, contractual arrangements are made for services at local community hospitals and with private physicians, dentists, and State and local health and welfare agencies.

Hospital Care - The Public Health Service operates a 77-bed hospital at Winnebago, Nebraska. In addition to providing services to Winnebago Reservation Indians, the Winnebago facility serves as a referral hospital for surgical and medical problem cases from other hospitals in the Aberdeen Area. Through contract with the Creighton University Medical School, Omaha, Nebraska, specialists' services are provided at the Winnebago Hospital and its outpatient clinic. Contractual arrangements are also in effect with the St. Joseph's Hospital and St. Catherine's Hospital, in Omaha, for specialized diagnostic and treatment services as well as general care for patients referred from the Winnebago Hospital.

In addition to the Winnebago facility, the Public Health Service operates two general hospitals in North Dakota (on the Turtle Mountain and Standing Rock Reservations); one at each of five reservations in South Dakota (Cheyenne River, Rosebud, Rosebud, Sisseton, and Yankton); and three in Minnesota (on the Leech Lake, Red Lake, and White Earth Reservations). All hospitals provide outpatient services and carry on extensive preventive activities, including dental care. The Service also maintains the 149-bed Sioux Sanatorium at Rapid City, South Dakota, for tuberculous Indian patients.

Throughout the Aberdeen Area, contractual or open-market arrangements are in effect with local community hospitals for general care for Indian patients. In addition, contracts for care of tuberculous patients are in effect with the Colorado General Hospital in Denver, the Veterans Administration Hospital in Omaha (where patients are referred for complicated surgery) and the North Dakota Tuberculosis Sanatorium, San Haven. Minnesota tuberculous Indian patients are cared for in various Minnesota Sanatoria in accordance with contract arrangements with the State Department of Public Welfare. Tuberculous patients, Indian and non-Indian, are admitted without charge to State sanatoria in Michigan and Wisconsin. Indian mental patients are hospitalized at the North Dakota State Hospital in Jamestown and at the Yankton State Hospital in Yankton, South Dakota through contracts with the Public Health Service. In Iowa, mental patients are hospitalized in the Mental Health Institute at Independence. Mental patients, whether Indian or non-Indian, are admitted to State mental institutions without charge in Michigan, Minnesota, Nebraska, and Wisconsin.

Other Facilities and Services - Indian field health center activities are maintained at two locations in North Dakota--one at Fort Totten on the Fort Totten Reservation, and one at New Town serving the Fort Berthold Reservation. At Fort Totten, in addition to a Public Health Service staff stationed at the Health Center, (including a medical officer, clinic nurses, public health nurse, and sanitarian aide), the medical staffs of the Lake Region Clinic and the Mahoney Clinic, both at Devil's Lake, contract with the Public Health Service to provide service to Fort Totten Reservation residents. Services at the Center (clinics are held 5 days per week with 24-hour seven-day emergency service) include general medical care, minor surgery, pre and postnatal care, well baby and sick baby care, dental care, immunizations, school health, and certain laboratory and X-ray services. A sanitation program to improve environmental conditions and sanitation practices is carried on by the sanitarian aide stationed at the Health Center.

Medical services at the New Town Health Center are provided by local physicians under contract to the Public Health Service. In addition to daily clinics at the Health Center, periodic field clinics are held at a number of locations on the Fort Berthold Reservation. A Public Health Service sanitarian aide stationed at the Center works with the Fort Berthold families and communities in carrying out a sanitation improvement program.

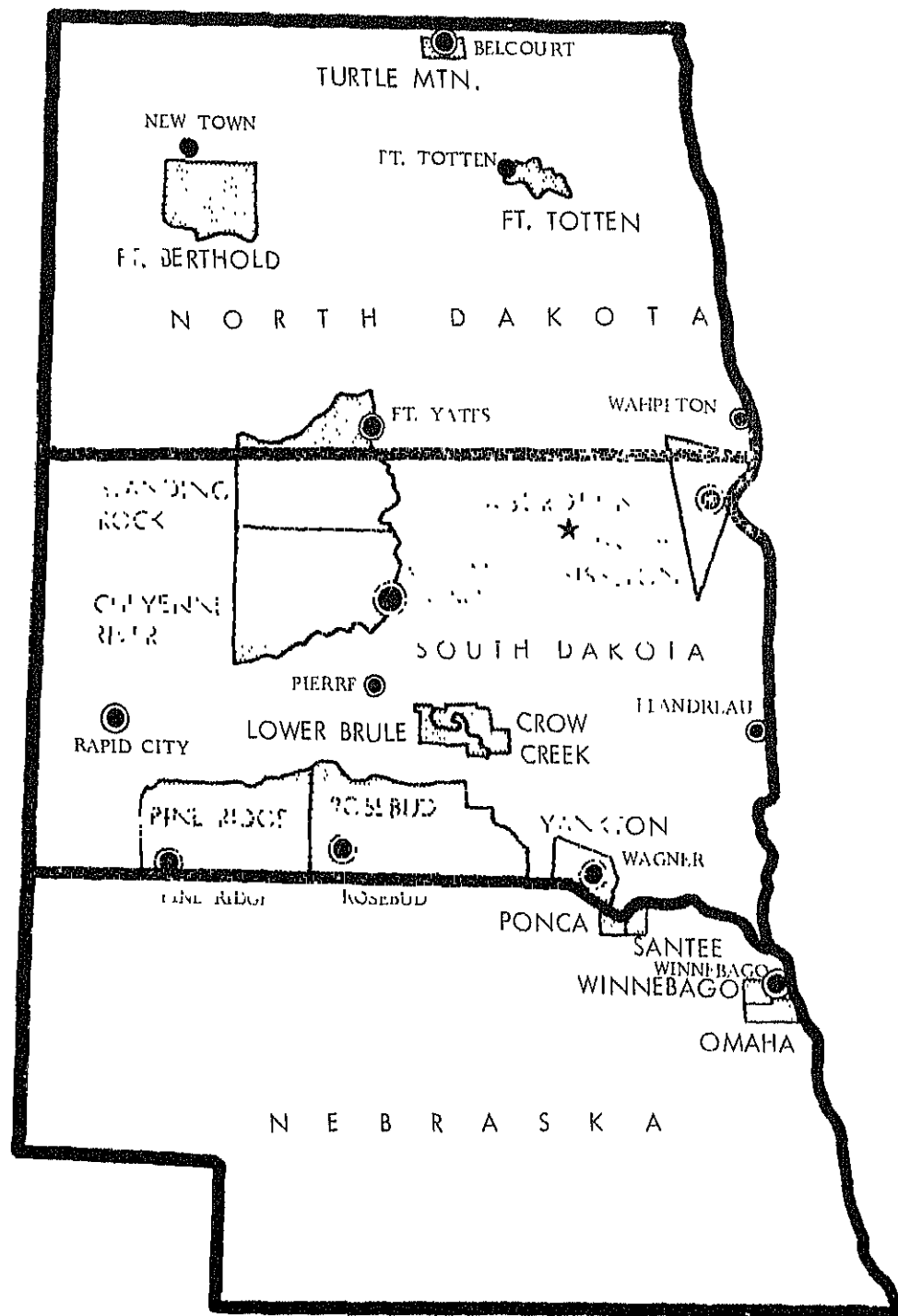
School health centers are maintained by the Public Health Service for students at three large Bureau of Indian Affairs' off-reservation boarding schools--Wahpeton, North Dakota, and Flandreau and Pierre, South Dakota. Physicians' services are provided for students at these schools through contractual arrangements with local physicians. Local dentists provide dental care for students at Wahpeton and Pierre through contracts with the Public Health Service. At Flandreau, direct services by Public Health Service staff stationed at the school include general nursing, dental care, social service, and public health nursing.

Throughout the Aberdeen Area, the Public Health Service provides general medical and preventive health services at numerous field health stations located in Indian home communities. Some are staffed by one or more Public Health Service personnel who are stationed in the local community; some are served by travelling teams of medical and allied health personnel whose permanent station may be a Public Health Service Indian Hospital or Health Center; others are served by local physicians and dentists under contract to the Public Health Service. In addition to the provision of a substantial volume of diagnostic and curative services, an intensive preventive care program is carried on through these field health activities, including public health nursing, sanitation, dental health, and health education. Consultant services in these activities as well as in sanitary engineering, medical social work, and nutrition are available from Aberdeen Area Office or Bemidji Office staff.

Additional consultant services or technical assistance in special public health problems are made available by health departments in the various States through contracts with the Public Health Service. For example, through such contractual arrangements, the State of South Dakota provides technical assistance on special sanitation problems; the State of North Dakota provides consultation and cooperative assistance in various health categories; the State of Minnesota provides public health nursing services to the Indian population in seven counties, and nursing consultation services to Public Health Service nurses in an additional county.

Contractual arrangements are also in effect with certain State or local Public Welfare Departments for medical care to Indian population groups. The State of Minnesota Department of Public Welfare, for example, provides complete medical service to Indians living on nontaxable Indian land in seven counties. In Michigan, through Public Health Service contract with the Barago County Department of Social Welfare, complete medical, nursing, and hospital services are provided to eligible Indian beneficiaries in the County. Similar contracts are in effect with the Shawano County and Wood County Public Welfare Departments in Wisconsin, as well as a contract with the Ashland County Board, Wisconsin, for services of a public health nurse.

Part I. Nebraska
North Dakota
South Dakota



★ PHS INDIAN AREA OFFICE
 ● PHS INDIAN HOSPITAL

● PHS INDIAN HEALTH CENTER
 ● INDIAN SCHOOL HEALTH CTR.

PONCA AND SANTEE SIOUX RESERVATIONS, NEBRASKA

THE RESERVATION

LOCATION: The Ponca and the Santee Sioux Reservations are separated by a corridor of non-Indian land about 5 miles wide, the Santee Sioux lying to the east. They are in northeast Nebraska, Knox County, and part of Boyd County. The Missouri River flows just north of these reservations, separating them from the Yankton Reservation, South Dakota, directly to the northwest.

Principal settlements - The small village of Santee is on Indian land. Niobrara (1950 pop. 577) is an Indian trade center off the reservation.

Nearest off-reservation towns (1950 pop.) - Creighton, Nebraska (pop. 1,401); Wagner (pop. 1,528) and Yankton (pop. 7,709), both in South Dakota, across the river by ferry, some 40-60 miles from these reservations; Omaha, Nebraska (pop. 251,117) 180 miles south.

BIA Field Office - Winnebago Agency, Winnebago, Nebraska.

LAND: Almost 9,321 acres, about 4,290 of which are tribally owned, principally on the Santee Reservation. The remaining 5,031 acres are owned by individual Indian families, checkerboarded with non-Indian holdings. Land in Indian ownership has been considerably reduced with the passage of time. Almost all that remains is agricultural and grazing land.

* * * * *

TRIBES: Ponca (Ponca Reservation); Santee Sioux (Santee Sioux Reservation).

POPULATION: 500 estimated in PHS service area in 1957
1,649 enrolled tribal members in 1950
401 Ponca
1,248 Santee Sioux

THE PEOPLE

CHARACTERISTICS: Blood quantum - In 1950 none of the Ponca Indians and only 5% of the Santee Sioux were considered fully Indian.

Homes - Typical dwelling a frame house in poor repair. More crowded than the usual home in Nebraska. One-third of households use unapproved water sources; 90% must haul water to home; most have unapproved privies.

Livelihood - No specific data available but average income is probably much lower than that of other rural families in the State. Source - Seasonal farm work; wage work at packing houses, construction projects, or railroad maintenance; small returns on land leases.

PONCA AND SANTEE SIOUX RESERVATIONS, NEBRASKA (continued)

HEALTH
RESOURCES

HOSPITALS: Public Health Service Indian Hospitals at Winnebago, Nebraska some 110 miles away and at Wagner (Yankton), South Dakota, some 50 miles away and across the river by ferry, are the primary sources of hospital care for the Ponca and Santee Sioux.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 616-bed Creighton Memorial St. Joseph Hospital and the 200-bed St. Catherine's Hospital, both at Omaha, about 180 miles south.

OTHER SERVICES: Field health services (in addition to hospital inpatient care and outpatient medical services) are made available by team from PHS Indian Hospital at Winnebago, including physician who holds regularly scheduled clinic at Niobrara. Other PHS personnel provide public health nursing, dental services, sanitation, and medical social service.

Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, nutrition, health education, and sanitary engineering.

Emergency medical care by local private physician at Niobrara, through arrangement with PHS.

* * * * *

HEALTH STATUS: Combined data for the Ponca and Santee Sioux Reservations and the Winnebago and Omaha Reservations show heart disease the leading cause of death 1951-1954, accidents the leading cause of death 1955-1957.

SPECIAL
PROBLEMS

For the 3-year period 1955-1957 the infant death rate among Nebraska Indians was the highest of the 24 States with Federal Indian Reservations, chiefly due to influenza and pneumonia and diseases of the digestive system.

OTHER: The ferry which carries passengers from Niobrara, Nebraska, across the Missouri River to reach the PHS Indian (Yankton) Hospital at Wagner, South Dakota, does not operate during the winter. Access to PHS Indian (Winnebago) Hospital, Winnebago, Nebraska, is difficult because of poor roads and excessive distances from the Ponca and Santee Sioux Reservations.

WINNEBAGO AND OMAHA RESERVATIONS, NEBRASKA

THE RESERVATION

LOCATION: These reservations are in northeast Nebraska, occupying the major part of Thurston County. The Winnebago Reservation also reaches into a part of Dixon County; the Omaha Reservation into small portions of Burt and Cummings Counties. The Winnebago Reservation is directly north of and adjoining the Omaha Reservation. Eastern boundary is along the Missouri River, at Iowa State line.
Principal settlements (1950 pop.) - There are no Indian settlements as such on these reservations. Indian population is concentrated at Emerson (pop. 784), Walthill (pop. 958), and Winnebago (pop. 684); also at smaller villages of about 200 persons, such as Macy, Rosalie, and Thurston.
Nearest off-reservation towns (1950 pop.) - Sioux City, Iowa (pop. 83,991) is about 20 miles north of Winnebago; Omaha, Nebraska (pop. 251,117) 70 miles south of Winnebago.

BIA Field Office - Winnebago Agency, Winnebago, Nebraska

LAND: Over 28,400 acres in Winnebago Reservation, with almost 3,500 acres of tribal or government-owned land. Over 27,700 acres in Omaha Reservation, with nearly 7,000 acres of tribal or government-owned land. At both reservations, land not in tribal or government ownership is in individual Indian hands, mostly leased to non-Indians. Primarily suited to agriculture and grazing.

* * * * *

TRIBES: Winnebago (Winnebago Reservation) and Omaha (Omaha Reservation).

POPULATION: 2,000 estimated in PHS service area in 1957
3,284 enrolled tribal members in 1950
1,586 Winnebago
1,698 Omaha

THE PEOPLE

CHARACTERISTICS: Blood quantum - In 1950 it was estimated that 50% of Winnebagos and 60% of Omahas were fully Indian.
Homes - Typical dwelling a frame house in poor repair. More crowded than the usual home in Nebraska. Half of households use unapproved water sources; 96% must haul water to home; most have unapproved privies.
Education - Many adults have only 4 to 6 years schooling; almost all persons speak English (1950). Nearly all children attend public or parochial schools.
Livelihood - No specific data available but average income is probably much lower than that of other rural families in State.
Source - Seasonal farm work; wage work at packing houses, construction projects, or railroad maintenance; some farming and return on land leases.

HEALTH
RESOURCES

HOSPITALS: Public Health Service Indian (Winnebago) Hospital at Winnebago. In 1958 fiscal year there were -
77 beds available (average for year);
1,784 admissions and 86 births in hospital;
53.0 average daily inpatient load;
9,255 outpatient visits.

This hospital serves as a referral center for Indians throughout the Aberdeen Area. Specialists of the Creighton University Medical School, through contract with PHS, examine and treat Indians requiring specialized care at this hospital or at its outpatient clinic, and may refer such patients to other medical centers.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 616-bed Creighton Memorial St. Joseph Hospital and the 200-bed St. Catherine's Hospital, both at Omaha, more than 70 miles south of Winnebago.

OTHER SERVICES: Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel, including public health nursing, dental services, sanitation, and medical social service.

Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in nutrition, health education, and sanitary engineering.

* * * * *

SPECIAL
PROBLEMS

HEALTH STATUS: High incidence of influenza and pneumonia, and of tuberculosis reported 1954-1957. Diseases of digestive, respiratory and nervous systems, and accidents, among principal causes of hospital admissions at Winnebago Hospital (fiscal year 1957). Combined data for the Winnebago and Omaha Reservations and for the Ponca and Santee Sioux Reservations show heart disease the leading cause of death, 1951-1954, accidents the leading cause of death, 1955-1957.

For the 3-year period 1955-1957 the infant death rate among Nebraska Indians was the highest of the 24 States with Federal Indian Reservations, chiefly due to influenza and pneumonia and diseases of the digestive system.

OTHER: Much of the land originally allotted to Indians is now in non-Indian hands. Reservation population who hold land under BIA supervision unable to operate lands economically.

FORT BERTHOLD RESERVATION, NORTH DAKOTA

THE RESERVATION

LOCATION: Fort Berthold Reservation is in west central North Dakota, above Garrison Dam on the Missouri River. The Garrison Reservoir divides the reservation into five segments. These are located in Dunn, McKenzie, McLean, Mercer, and Mountrail Counties. Principal settlements - Mandaree is the only reservation community shown on State map. Small groups of Indians have recently settled at Twin Buttes, North Segment, New Lucky Mound, West River and White Shield; older settlements inundated by Garrison Dam Reservoir. Nearest off-reservation towns in North Dakota (1950 pop.) - Nearest to western segment: Killdeer (pop. 698), to the south; Watford City (pop. 1,371) and Williston (pop. 7,378), to the west. Eastern segment: Garrison (pop. 1,890), to the west; Hazen (pop. 1,230), to the south; Minot (pop. 2,203) and Stanley (pop. 1,486), to the north. Northern segment: New Town (est. pop. 1,800) and Parshall (pop. 935). These towns are 30-50 miles from edge of reservation.

BIA Field Office - Fort Berthold Agency, New Town, North Dakota.

LAND: About 430,000 acres. Principally open grazing land with some timber and farm land.

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TRIBES: Mainly members of Arikara, Hidatsa, and Mandan Tribes.

POPULATION: 2,500 estimated in PHS service area in 1957
3,134 enrolled tribal members in 1958

THE PEOPLE

CHARACTERISTICS: Blood quantum - In 1950, it was estimated that for the Indian groups at Fort Berthold Reservation, 75% were fully Indian; 94% one-half or more Indian. Homes - Typical dwelling a 2-3 room log or frame house. 5.1 persons per dwelling unit (median). Education - 96% of persons aged 6 and older read and speak English (1950). Almost all children attended school in 1957, slightly more than one-half in BIA schools, most of the remainder at public schools. Livelihood - Average family income one-half that of all rural farm families in North Dakota, although economically this is one of the better situated reservation groups. Source - Seasonal wage labor at agricultural and livestock pursuits; grazing and farming; oil and gas leases. Only a few are regularly employed. Small per capita income from tribal resources and tribal ferry boat and sawmill enterprises.

FORT BERTHOLD RESERVATION, NORTH DAKOTA (continued)

HOSPITALS: Hospital care at Federal expense may be authorized at a number of community hospitals, only two of which are easily accessible to the reservation: the 40-bed Garrison Memorial Hospital at Garrison, 10 miles from the edge of the reservation; the 31-bed Memorial Hospital at Hazen, 30 miles from edge of reservation.

Other hospitals, and mileage to closest reservation community are the 24-bed Memorial Hospital at Richardton, 30 miles away; the 24-bed Stanley Community Hospital at Stanley, 40 miles; the 175-bed Trinity Hospital and the 130-bed St. Joseph's Hospital, both at Minot, 60 miles; the 76-bed Mercy Hospital at Williston, 70 miles; the 88-bed St. Joseph's Memorial Hospital at Dickinson, 70 miles away; and the 18-bed McKenzie Community Hospital at Watford City, 30 miles; also the 174-bed Bismarck Hospital and the 211-bed St. Alexis Hospital, both at Bismarck, 75 miles.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Center at New Town, just beyond reservation boundary. Physicians' services provided by local physicians (New Town Health Center, Inc.) through contract with PHS. These physicians also hold clinics at Mandaree, Twin Buttes, White Shield, Northwest Segment School at Parshall, and New Town School. Sanitarian aide stationed at New Town works with Indian families and communities to improve environmental sanitation conditions, with technical support from PHS professional sanitarian at Bismarck. Dental services by local private dentists through arrangements with PHS, serving schools and different segments of reservation. Supplementary public health services to Indians provided through PHS contract with North Dakota Department of Public Health. Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in health education, nutrition, medical social service, and sanitary engineering.

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HEALTH STATUS: Death rates from heart diseases and accidents were high over the period 1954-1957. Leading reported illnesses these same years were pneumonia and measles. In 1957, scarlet fever and streptococcal sore throat, dysentery, and gastroenteritis were also prevalent as reported by the New Town Health Center, Inc.

SPECIAL
PROBLEMS

OTHER: Erection of the Garrison Dam Reservoir in the early 1950's resulted in the dividing of the reservation into five isolated segments, each with attendant difficulties of transportation and communication. Extreme seasonal temperatures.

FORT TOTTEN RESERVATION, NORTH DAKOTA

LOCATION: This reservation is in east central North Dakota, principally in Benson and Eddy Counties, with some holdings in Nelson and Ramsey Counties.

Principal settlements (1950 pop.) - Crowhill; Fort Totten (pop. 200); Jackson Hole; Mission; St. Michael (pop. 50), and Tokio (pop. 100).

Nearest off-reservation towns in North Dakota (1950 pop.) - Devils Lake (pop. 6,427) 10-12 miles north of Fort Totten; New Rockford (pop. 2,185) 26 miles south of Fort Totten; Lakota (pop. 1,032) about 40 miles east, and Grand Forks (pop. 26,836) 100 miles east of Fort Totten.

THE RESERVATION

BIA Field Office - Turtle Mountain Consolidated Agency, Belcourt, North Dakota.

LAND: A little more than 52,000 acres, mostly in Indian family ownership. Non-Indian land holdings checkerboard reservation. About 5,000 acres are devoted to Indian operations (1,500 acres as grazing land and 3,500 as subsistence homesites). One-half of remainder is open grazing land leased to non-Indians and the other half is submarginal brushland of little value.

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TRIBE: Devils Lake Sioux

POPULATION: 1,500 estimated in PHS service area in 1957
1,300 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 65% fully Indian in 1950; 78% one-half or more Indian.

Homes - Typical dwelling a 2-room log house. 4.7 persons per dwelling unit (median). 2.0 persons per room (median).

Education - 86% of persons aged 6 and older read and speak English (1950). Three-fourths of children aged 6-18 at Turtle Mountain Agency (including Fort Totten) are known to attend school, about one-half of these attending BIA schools, the remainder equally divided between public and mission schools. There is a BIA boarding school on the reservation which also enrolls day students, with total enrollment of 290 in 1957.

Livelihood - Average family income less than one-half that of all rural farm families in North Dakota. Source - Seasonal agricultural or wage labor, supplemented by small amounts from leases of grazing land and farm land.

THE PEOPLE

HOSPITALS: ~~Hospital~~ ^{at Federal expense may be authorized at} community hospitals, mainly the 75-bed Mercy Hospital, Devils Lake, 12 miles away.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Center at Fort Totten presently staffed by a PHS medical officer, public health nurse, clinical nurse, and sanitarian aide.
Medical care by local private physicians of the Lake Region Clinic and the Mahoney Clinic, both at Devils Lake, through PHS contract.
Dental services to students at BIA boarding school on reservation and at mission school, by local private dentists through contract with PHS.
Supplementary public health services to Indians, provided through PHS contract with the North Dakota Department of Public Health.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in health education, medical social service, nutrition, and sanitary engineering.

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SPECIAL
PROBLEMS

HEALTH STATUS: Heart disease and accidents main causes of death reported 1954-1956. Pneumonia the leading notifiable disease reported 1954-1956. Heavy epidemic of influenza at Fort Totten in 1957 resulted in influenza the leading cause of death that year. (From combined reports which include data for the Turtle Mountain Reservation.)

OTHER: Income extremely low, principally from land leases.

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FIELD NOTES AND OBSERVATIONS

TURTLE MOUNTAIN RESERVATION, NORTH DAKOTA

THE RESERVATION

LOCATION: This small reservation is in north central North Dakota, principally in Rolette County. The northern boundary is close to the Canadian border.

Principal settlements (1950 pop.) - The largest concentration of Indian families within the reservation is at Belcourt (pop. 200). There are clusters of Indian families living on allotted lands adjacent to the reservation near Dunseith (pop. 713), Rolette and St. John (each with pop. 451).

Nearest off-reservation towns in North Dakota (1950 pop.) - Bottineau (pop. 2,268) 34 miles away; Rolla (pop. 1,176) six miles from Belcourt.

BIA Field Office - Turtle Mountain Consolidated Agency, Belcourt, North Dakota.

LAND: About 70,000 acres including the allotted lands adjacent to the reservation under BIA jurisdiction. Almost 34,000 acres are in common tribal ownership roughly centered at Belcourt; some 36,000 acres are in the hands of individual Indian families. Principally open grazing land. Some farm land.

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TRIBE: Chippewa

POPULATION: 5,200 estimated in PHS service area in 1957
8,928 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 3% fully Indian in 1950; 34% one-half or more Indian.

Homes - Typical dwelling a 2-room log house. 5 persons per dwelling unit (median). 2.1 persons per room (median).

Education - Half of adults aged 25 and older had 5.5 years or more schooling. 86% of persons aged 6 and older read and speak English (1950). About 3 out of 4 children aged 6-18 attended school in 1957, mostly BIA schools.

Livelihood - Among the lowest earning groups in North Dakota, with a median income only slightly more than one-third that of all rural farm families in the State. Source - Some leases for grazing, agriculture, and oil. Common day labor when available. Limited number employed at Turtle Mountain Ordnance Plant. On the whole, the soil at this reservation is unsuited to cultivation, and the growing period is extremely short. Off-reservation jobs are scarce.

THE PEOPLE

HOSPITALS: Public Health Service Indian (Turtle Mountain) Hospital
at Belcourt. In 1958 fiscal year there were -
42 beds available (average for year);
1,326 admissions and 172 births in hospital;
25.8 average daily inpatient load;
14,023 outpatient visits.

HEALTH
RESOURCES

OTHER SERVICES: Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, and sanitation.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in health education, nutrition, medical social work, and sanitary engineering.
Supplementary public health services to Indians provided through PHS contract with the North Dakota Department of Public Health.

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SPECIAL
PROBLEMS

HEALTH STATUS: High infant death rate 1952-1957, principally from influenza and pneumonia. (Data based on combined reports which include reports from Fort Totten Reservation.) Pneumonia the leading notifiable disease reported in 1957. Respiratory diseases, also digestive diseases and accidents were among the main causes of hospital admissions at Belcourt Hospital, fiscal year 1957.

OTHER: Extreme poverty among reservation families. Need for improvement and development of water supplies.

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FIELD NOTES AND OBSERVATIONS

SISSETON RESERVATION, SOUTH DAKOTA and NORTH DAKOTA

THE RESERVATION

LOCATION: The Sisseton Reservation lies principally in the northeast corner of South Dakota, in Marshall and Roberts Counties. A small part extends northward into North Dakota. The reserved land is a pie-shaped wedge, with the broad northern boundary reaching from Rutland, North Dakota, on the west, to White Rock, South Dakota, on the east. The southern apex is just above Watertown, South Dakota.

Principal settlements - No Indian settlements as such. Indian families constitute part of the population of villages such as Sisseton (1950 pop. 2,871) and smaller communities such as Enemy Swim, Peever, and Waubay within the limits of the reservation area.

Nearest off-reservation towns in South Dakota (1950 pop.) - Aberdeen (pop. 20,050) about 100 miles to the west of Sisseton; Watertown (pop. 12,699) 57 miles away.

BIA Field Office - Sisseton Agency, Sisseton, South Dakota

LAND: Over 111,000 acres remain in individual Indian ownership today out of about 310,000 acres allotted and reserved. Only 650 acres are held by the tribe as a whole. Land in Indian hands is divided into tracts of 160 acres or less. Checkerboarded with non-Indian holdings. Lies in the heart of South Dakota's lake region.

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TRIBE: Sisseton Sioux

POPULATION: 2,600 estimated in PHS service area in 1957
3,672 enrolled in Tribe in 1950

CHARACTERISTICS: Blood quantum - 28% fully Indian in 1956.
70% one-fourth or more Indian.

Homes - Typical dwelling a 2-room frame house. Other data not available.

Education - Adults aged 25 years and older had less than 8 years of schooling, on the average (1953). 88% of the 865 children enumerated here attended school in 1957; about equally divided between public schools and BIA schools, with 145 at mission schools.

Livelihood - Average family income equal to the median for Indian families in South Dakota, but less than half that of all rural farm families in the State. Source - Seasonal agricultural and wage labor in towns; work on construction projects when available. Some hunting, trapping, and fishing. Small returns from lease of land.

THE PEOPLE

HOSPITALS: Public Health Service Indian Hospital at Sisseton, South Dakota. In 1958 fiscal year there were -
32 beds available (average for year);
1,047 admissions and 91 births in hospital;
19.9 average daily inpatient load;
6,311 outpatient visits.

Consultative services of physicians at the Sisseton Clinic, through contract with PHS, are available for patients at this hospital. Hospital care at Federal expense may be authorized for patients with special medical problems at the 120-bed St. Francis Hospital, Breckenridge, Minnesota, some 65 miles away; also at the 218-bed Saint Luke's Hospital, Aberdeen, about 100 miles from Sisseton.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Station at Enemy Swim, South Dakota.

Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, and sanitation.

Consultation from Aberdeen Area Office from personnel in all of the above health activities and, in addition, in nutrition, health education, medical social service, and sanitary engineering; also, consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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HEALTH STATUS: Accidents and malignant neoplasms were the main causes of deaths reported, 1954-1956, but these were exceeded by pneumonia in 1957. Influenza and pneumonia and trachoma were the communicable diseases most often reported at Sisseton in 1957.

SPECIAL
PROBLEMS

OTHER: The land is checkerboarded by white holdings, and there is not a cohesive Indian community. Inadequacy of water supplies in the past is being met by plans for four new wells on reservation, some of which are completed. Sanitary improvements badly needed.

Town of Sisseton has expanded rapidly with attendant overcrowding of homes. Very few opportunities for employment.

STANDING ROCK RESERVATION, NORTH DAKOTA and SOUTH DAKOTA

THE RESERVATION

LOCATION: The Standing Rock Reservation extends from south central part of North Dakota (Sioux County) into north central part of South Dakota (Carson County).

Principal settlements (1950 pop.) - Largest population center on reservation is Fort Yates, North Dakota (pop. 860). Smaller communities in North Dakota are Cannon Ball (pop. 200), Porcupine (pop. 151), Selfridge (pop. 343). Settlements in South Dakota at Bullhead (pop. 300), Little Eagle (pop. 525), Kenel (pop. 207), McIntosh (pop. 628), McLaughlin (pop. 713), and Wakpala (pop. 200).

Nearest off-reservation towns - all 70-80 miles from Fort Yates, (1950 pop.): Bismarck (pop. 18,640) and Mandan (pop. 7,298) in North Dakota; Mobridge, South Dakota (pop. 3,753).

BIA Field Office - Standing Rock Agency, Fort Yates, North Dakota.

LAND: Around 1,000,000 acres, mostly owned by individual Indian families and about 16% in tribal ownership. This land is used largely for farming and grazing and about three-fourths of it is leased to non-Indians. Reservation is also checkerboarded with non-Indian holdings.

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TRIBE: Predominantly Sioux

POPULATION: 3,500 estimated in PHS service area in 1957
4,324 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 48% fully Indian in 1950; 80% one-half or more Indian.

Homes - Typical dwelling a 2-room log or frame house. 4.6 persons per dwelling unit (median). 1.8 persons per room (median).

Education - 93% of persons aged 6 and older read and speak English (1950). 87% of children attended school in 1957, about one-half in BIA schools.

Livelihood - Average family income slightly above that for all reservation Indians in North Dakota, but one-half that of all rural families in North and South Dakota. Source - Mainly from seasonal agriculture and wage labor, supplemented by small returns on land and oil and gas leases; some farming and livestock.

THE PEOPLE

HEALTH
RESOURCES

HOSPITALS: Public Health Service Indian (Standing Rock) Hospital at Fort Yates, North Dakota. In 1958 fiscal year there were -
46 beds available (average for year);
1,310 admissions and 80 births in hospital;
21.2 average daily inpatient load;
11,186 outpatient visits.

Consultant services to staff physicians at this hospital and some assistance in surgery provided by local private physician through PHS contract.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 179-bed Bismarck Hospital and the 211-bed St. Alexius Hospital, both at Bismarck, North Dakota, 70-75 miles away.

OTHER SERVICES: Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, sanitation, and health education.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in nutrition, medical social work, and sanitary engineering; also consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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SPECIAL
PROBLEMS

HEALTH STATUS: Respiratory and digestive diseases and accidents among the principal causes of hospital admissions at Fort Yates Hospital, fiscal year 1957. Pneumonia the leading notifiable disease reported 1954-1957 and the leading cause of death, all ages, 1954-1956. Diseases of heart the leading cause of death in 1957.

OTHER: The inundation of some 53,000 acres of land along the Missouri River bottoms by the Oahe Reservoir will result in some dislocation of Indian families.

CHEYENNE RIVER RESERVATION, SOUTH DAKOTA

THE RESERVATION

LOCATION: The Cheyenne River Reservation is in north central South Dakota, encompassing most of Dewey and Ziebach Counties. In addition, some lands assigned to individual Indian families are located in Haakon, Meade, Perkins, and Stanley Counties. Principal settlements (1958 pop.) - Cheyenne Agency (pop. 600), soon to be inundated by waters of Oahe Dam, a Missouri River Basin Authority project; Eagle Butte (pop. 375) 55 miles west of Cheyenne Agency, to become the new center of reservation activities. Cherry Creek (pop. 300); Promise (pop. 99); Red Scaffold (pop. 190), Thunder Butte (pop. 100); and White Horse (pop. 147). Nearest off-reservation towns in South Dakota (1950 pop.) - Dupree (pop. 438) 16 miles west of Eagle Butte. Aberdeen (pop. 21,051) about 170 miles northeast of Eagle Butte. Pierre (pop. 5,715) 116 miles southeast of Eagle Butte.

BIA Field Office - Cheyenne River Agency, Eagle Butte, South Dakota.

LAND: Over 1,500,000 acres about equally divided into tribal land and land in individual Indian ownership. About half of this acreage is non-Indian operated. Principally open grazing land, with some farm and timber tracts.

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TRIBE: Sioux

POPULATION: 3,300 estimated in PHS service area in 1957
4,983 enrolled tribal members in 1958

CHARACTERISTICS: Blood quantum - 47% fully Indian in 1950; 78% one-half or more Indian. Homes - Typical dwelling a 1-2 room frame or log house. Only 18% have electricity, 10% have refrigerators. Water must be hauled more than half a mile at 84% of homes, generally from contaminated surface sources. Most homes have unapproved-type privies for waste disposal. Education - Half of adults aged 25 and older had 8.2 years or more schooling; 92% of persons aged 6 and older read and speak English (1950). 80% of children attended school in 1957, mostly BIA schools. Livelihood - Average family income less than half that of all rural farm families in South Dakota. Source - Migrant labor; cattle sales; some small return from farm and grazing land leases.

THE PEOPLE

CHEYENNE RIVER RESERVATION, SOUTH DAKOTA (continued)

HOSPITALS: Public Health Service Indian (Cheyenne River) Hospital at Cheyenne Agency. In 1958 fiscal year there were -
30 beds available (average per year);
1,080 admissions and 105 births in hospital;
17.7 average daily inpatient load;
9,775 outpatient visits.

This hospital will be inundated by a storage reservoir of the Missouri River Basin Authority, the Oahe Dam, in the summer of 1959. A replacement facility is being constructed by the Authority at Eagle Butte.

Hospital care at Federal expense may be authorized at community hospitals, mainly the 102-bed St. Mary's Hospital at Pierre, South Dakota, 116 miles southeast of Eagle Butte.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Cherry Creek, Eagle Butte, Red Scaffold, and White Horse Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, sanitation, and health education.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in nutrition, medical social service, and sanitary engineering; also consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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HEALTH STATUS: Pneumonia was the disease most frequently reported 1954-1957. Respiratory and digestive diseases and accidents were among the principal causes of hospital admissions at Cheyenne River Hospital, fiscal year 1957.

SPECIAL
PROBLEMS

OTHER: There are nine communities on the Cheyenne River Reservation that lack accessible, potable water supplies. The Missouri River Basin Investigations Office has initiated a community water resources study.

CROW CREEK RESERVATION, SOUTH DAKOTA

THE RESERVATION

LOCATION: The Crow Creek Reservation is in the central portion of South Dakota, mostly in Buffalo and Hughes Counties with holdings in Brule and Hyde Counties. It is separated from the Lower Brule Reservation by the Missouri River which flows between Pierre to the northwest and Chamberlain to the southeast. The Crow Creek Reservation lies to the north of the river.

Principal settlements - Principal Indian settlement is Fort Thompson (1950 pop. 150). Smaller settlements at Joe Creek and Stephan.

Nearest off-reservation towns in South Dakota (1950 pop.) - Chamberlain (pop. 1,912), 25 miles from Fort Thompson and Pierre (pop. 5,715), 65 miles away.

BIA Field Office - Pierre Agency, Pierre, South Dakota.

LAND: Around 150,000 acres, primarily grazing land. Much submarginal land. A large part of the most productive area is leased to non-Indians for grazing. Construction of the Fort Randall Reservoir has reduced the land base of this reservation considerably, particularly the timber along the Missouri River.

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TRIBE: Sioux

POPULATION: 1,100 estimated in PHS service area in 1957
1,132 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 50% fully Indian; most of the remainder are one-half Indian.

Homes - Typical dwelling a 2-room log or frame house. 4.6 persons per dwelling unit. 1.8 persons per room (median).

Education - 90% of persons aged 6 and older read and speak English (1950). About 90% of children aged 6-18 at Pierre Agency including Lower Brule, attended school in 1957. Majority were at BIA schools, but one out of four attended mission or other schools.

Livelihood - Average family income slightly above the median for all reservation Indian families in the State, but only two-thirds that of all rural farm families in South Dakota. Source - Cattle raising, farming and wage work, supplemented by land rental payments.

THE PEOPLE

HOSPITALS: Hospital care at Federal expense may be authorized at the 46-bed Community Bailey Hospital, Chamberlain, 25 miles from Fort Thompson, where physicians, through contract with the Public Health Service, provide medical care.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Station at Fort Thompson.
Medical care by two local private physicians (Chamberlain Clinic), Chamberlain, through contract with PHS for outpatient clinics at Fort Thompson, and emergency services. One local private physician at Pierre, through contract with PHS, covers all necessary medical services for enrolled students at the Pierre Indian School.
Dental services primarily to Indian students at the Stephan School, and emergency services for children and adults at Chamberlain, by local private dentists through PHS contract.
Field health services are available from PHS personnel including physicians' services, public health nursing, sanitation, and health education.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, medical social service, nutrition, and sanitary engineering; also, consultation on sanitary engineering at government facilities serving Indians, through contract with the South Dakota Department of Public Health.

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SPECIAL
PROBLEMS

HEALTH STATUS: Heart disease and accidents the leading causes of death, 1957, at Crow Creek and Lower Brule Reservations. Streptococcal sore throat and scarlet fever, chickenpox, measles, and tuberculosis were the communicable diseases reported most often at these reservations, 1957-1958.

OTHER: Poor living and sanitary conditions. Many families haul water for four to six miles. Some inundation of land has already taken place and Fort Thompson area generally will soon be flooded due to the building of a new dam on the Missouri River.

FLANDREAU COMMUNITY, SOUTH DAKOTA

LOCATION: Scattered tracts of land in Moody County, east central South Dakota comprise the Flandreau Community. One large tract of government-owned land forms the campus of the Flandreau Indian Vocational School which is quite separate from the community.

Principal settlement - A small group of Indians live near the school; others are scattered over individual tracts of land.

Nearest off-reservation towns in South Dakota (1950 pop.) - Flandreau (pop. 2,193); Dell Rapids (pop. 1,650), 22 miles south of Flandreau.

THE RESERVATION

BIA Field Office - Flandreau School, Flandreau, South Dakota.

LAND: 2,100 acres of tribal land and some 640 acres of land owned by the Federal Government. Tribal land is dry farm land with open grazing tracts. The tribal land is divided into tracts of 80 acres, each of which has been assigned to an individual Indian family. The government-owned land is devoted to the Flandreau Indian Vocational School attended by children from many Indian communities in North Dakota, South Dakota, Wyoming, Montana, and Minnesota.

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TRIBE: Santee Sioux (Indian group exclusive of students at school)

POPULATION: 200 local residents in PHS service area in 1957
526 students at Flandreau Indian Vocational School
289 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 21% fully Indian in 1956;
91% one-fourth or more Indian.

Homes - Typical dwelling a frame house.

Education - Half of resident family heads had 9.7 years or more schooling (1956). All persons aged 6 and older read and speak English. Most children attend school.

Livelihood - Average family income as low as that of the average family income at any other reservation in North Dakota or South Dakota. Far less than half the average of all rural farm families in South Dakota. Source - Wage labor; subsistence farming; livestock enterprise. Women supplement family income by working at garment factory in Flandreau.

THE PEOPLE

HEALTH
RESOURCES

FACILITIES AND SERVICES: Public Health Service Indian School Health Center at the Flandreau Indian Vocational School, staffed by dental officer and dental assistant, medical social worker, public health nurse, and clinic nurse. Through PHS contract with Flandreau Clinic, students are provided necessary medical, surgical, and orthopedic care, also school examinations and emergency care.
Hospital care for students provided at the PHS Indian Hospital at Sisseton; may also be authorized at Federal expense at community hospitals, mainly the 20-bed Flandreau Municipal Hospital, Flandreau.
Consultation on special health problems provided by PHS staff in Aberdeen Area Office.

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OTHER
NOTES

A very small community with insufficient resources other than those provided for activities centered at the school. Men have great difficulty finding employment.

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FIELD NOTES AND OBSERVATIONS

LOWER BRULE RESERVATION, SOUTH DAKOTA

THE RESERVATION

LOCATION: The Lower Brule Reservation is in the central portion of South Dakota, in Lyman and Stanley Counties. It is separated from the Crow Creek Reservation by the Missouri River which flows between Pierre to the northwest and Chamberlain to the southeast. The Lower Brule Reservation lies to the south of the river.

Principal settlements - Principal Indian settlement is Lower Brule (1950 pop. 150). Other, smaller settlement, La Roche.

Nearest off-reservation towns in South Dakota (1950 pop.) - Chamberlain (pop. 1,912), and Pierre (pop. 5,715), 26 and 50 miles from Lower Brule, respectively.

BIA Field Office - Pierre Agency, Pierre, South Dakota.

LAND: Almost 133,000 acres. Some farm and woodland, but mostly open grazing land. Over one-half of the farm land and one-third of the grazing land in operation are leased to non-Indian operators.

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TRIBE: Sioux

POPULATION: 600 estimated in PHS service area in 1957
705 enrolled Tribal members in 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - 36% fully Indian in 1950; 71% one-half or more Indian.

Homes - Typical dwelling a 3-room frame house. 5.2 persons per dwelling unit (median). 1.7 persons per room (median).

Education - 94% of persons aged 6 and older read and speak English (1950). About 90% of children aged 6-18 at Pierre Agency including Crow Creek attended school in 1957.

Majority were at BIA schools, but one out of four attended Mission or other schools.

Livelihood - Although Indians here and at Crow Creek have somewhat better employment opportunities than other Indians in the Dakotas, median income is about one-half that for all rural farm families in South Dakota. Source - Labor, farming, cattle raising.

HOSPITALS: Hospital care at Federal expense may be authorized at community hospitals, mainly the 46-bed Community Bailey Hospital, Chamberlain, 26 miles from Lower Brule where physicians provide medical care, through contract with the Public Health Service; also at the 102-bed St. Mary's Hospital, Pierre, 50 miles from Lower Brule.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Lower Brule.

Medical care by two local private physicians (Chamberlain Clinic), Chamberlain through contract with PHS for outpatient clinics at Lower Brule, and emergency services.

Dental services provided at BIA day school at Lower Brule, at the St. Joseph's School, and at Chamberlain, by local private dentists through PHS contract.

Field health services are available from PHS personnel including physicians' services, public health nursing, sanitation, and health education.

Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in medical social service, nutrition, and sanitary engineering; also, consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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HEALTH STATUS: Heart disease and accidents the leading causes of death, 1957, at Lower Brule and Crow Creek Reservations. Streptococcal sore throat and scarlet fever, chickenpox, measles, and tuberculosis were the communicable diseases reported most often at these reservations, 1957-1958.

SPECIAL
PROBLEMS

OTHER: At present, water supplies are inadequate. The Lower Brule Tribe plans to arrange for the drilling of three wells--one primarily for stock water, the other two for domestic use. Inundation of some land due to dam construction on the Missouri River.

PINE RIDGE RESERVATION, SOUTH DAKOTA

THE RESERVATION

LOCATION: The Pine Ridge Reservation adjoins the Rosebud Reservation on the east. It is in southwest South Dakota, principally in Bennett, Shannon, and Washabaugh Counties.

Principal settlements. (1950 pop.) - There are 20 to 30 Indian communities on this reservation. The best known are Denby; Kyle (pop. 350); Manderson (pop. 55); Oglala (pop. 200); Pine Ridge (pop. 900); Wanblee (pop. 900), and Wounded Knee. The main trade center is Martin (pop. 989) in Bennett County.

Nearest off-reservation towns (1950 pop.) - Hot Springs, South Dakota (pop. 5,030), 63 miles northeast of Pine Ridge; Rapid City, South Dakota (pop. 25,310), 136 miles northeast of Pine Ridge; Gordon, Nebraska (pop. 2,058), 36 miles away; Rushville, Nebraska (pop. 1,266) 26 miles.

BIA Field Office - Pine Ridge Agency, Pine Ridge, South Dakota.

LAND: Around 2,000,000 acres, of which the part in Bennett County is owned by individual Indian families. Mostly hilly, uncultivated grazing land. Some farming and timber tracts. More than half of the acreage is leased to non-Indians.

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TRIBE: Sioux

POPULATION: 7,600 estimated in PHS service area in 1957
10,957 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 51% fully Indian in 1950; 79% one-half or more Indian.

Homes - Typical dwelling a 1 or 2-room log or frame house. 4.7 persons per dwelling unit (median). 2.3 persons per room (median).

Education - Half of adults aged 25 and older had 7.4 years or more schooling (1950). 4 out of 5 children aged 6-18 attended school in 1957, of whom about half were at BIA day and boarding schools.

Livelihood - Average family income low. Far less than one-half that of all rural farm families in South Dakota. Source - Farming, livestock, and some seasonal wage work in agriculture.

THE PEOPLE

PINE RIDGE RESERVATION, SOUTH DAKOTA (continued)

HEALTH
RESOURCES

HOSPITALS: Public Health Service Indian Hospital at Pine Ridge, South Dakota. In 1958 fiscal year there were -
42 beds available (average for year);
1,538 admissions and 247 births in hospital;
28.0 average daily inpatient load;
22,577 outpatient visits.
Patients may be referred to the PHS Indian (Winnebago) Hospital at Winnebago, Nebraska, for consultative medical care.

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Allen, Kyle, Manderson, Porcupine, and Wanblee.
Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, sanitation, health education, and medical social service.
Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in nutrition, and sanitary engineering; also, consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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SPECIAL
PROBLEMS

HEALTH STATUS: For several years heart disease was the leading cause of death at Pine Ridge with a rate far above that for other Indians in South Dakota or in the entire United States, but malignant neoplasms became the leading cause of death in 1957.

High incidence of influenza and pneumonia and of scarlet fever and streptococcal sore throat. Diseases of respiratory and digestive systems, and accidents among principal causes of hospital admissions at Pine Ridge Hospital, fiscal year 1957.

OTHER: Severe winter weather hampers travel and communication. Sanitary conditions generally poor. Few employment opportunities. Lack of financial means hinders Indian use of land resources.

ROSEBUD RESERVATION, SOUTH DAKOTA

THE RESERVATION

LOCATION: The Rosebud Reservation adjoins the Pine Ridge Reservation on the west. It is located in south central South Dakota, mainly in Todd County with considerable trust land held in Mellette, Tripp, and Gregory Counties. Extends to the White River on the north, and to the Nebraska State line on the south.

Principal settlements (1950 pop.) - Indian trading centers at Parmalee (pop. 200); Rosebud (pop. 600); St. Francis (pop. 241); White River (pop. 465); Winner (pop. 3,252); and Wood (pop. 260).

Nearest off-reservation town - Valentine, Nebraska, (1950 pop. 2,700), 48 miles southeast of Rosebud Agency.

BIA Field Office - Rosebud Agency, Rosebud, South Dakota.

LAND: Around 1,095,000 acres of which 78,000 acres in Todd County are tribally owned; remainder are in individual Indian family ownership and are leased to non-Indian operators. Checkerboarded with non-Indian land holdings. The topography is hilly, mostly suited to grazing, but there is some farm land in Gregory and Tripp Counties, and some timber.

* * * * *

TRIBE: Sioux

POPULATION: 4,700 estimated in PHS service area in 1957
8,183 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 50% fully Indian in 1950;
77% one-half or more Indian.

Homes - Typical dwelling a 1-2-room log or frame house. 4.7 persons per dwelling unit (median). 2 persons per room (median).

Education - Half of adults aged 25 and older had 7.9 years or more schooling; 92% of persons aged 6 and older read and speak English (1950). At Rosebud Agency (which includes Yankton Reservation) 80% of children attended school in 1957, majority in public school.

Livelihood - Average family income low. Far less than half that of all rural farm families in South Dakota. Source - Some land leases; farming and livestock; seasonal agricultural and unskilled labor.

THE PEOPLE

HOSPITALS: Public Health Service Indian Hospital at Rosebud. In

1958 fiscal year there were -

48 beds available (average for year);

1,356 admissions and 166 births in hospital;

22.1 average daily inpatient load;

14,719 outpatient visits.

Consultative services of physicians of the Valentine Clinic, Valentine, Nebraska, and professional assistance in surgery available for patients at this hospital, through contract with PHS. Hospital care at Federal expense may be authorized at the 37-bed Sandhills General Hospital, Valentine, Nebraska, 48 miles from Rosebud Agency.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Corn Creek, Norris, O'Kreek, Parmelee, St. Francis, White River, Winner, and Wood.

Field health services (in addition to hospital inpatient care and outpatient medical services) are available from PHS personnel including physicians' services, public health nursing, dental services, sanitation, and health education.

Consultation from Aberdeen Area Office personnel in all of the above health activities and, in addition, in nutrition, medical social service, and sanitary engineering; also consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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HEALTH STATUS: Incidence of pneumonia high, 1954-1957; high infant death rate, 1957, chiefly due to gastroenteric diseases and immaturity. Respiratory and digestive diseases and accidents among principal causes of hospital admissions at Rosebud, fiscal year 1957.

SPECIAL
PROBLEMS

OTHER: In winter there are heavy snowstorms and extreme cold weather, hampering transportation and communication.

Primitive living conditions. Inadequate sanitation.
Insufficient supplies of safe water.

HOSPITALS: Public Health Service Indian (Yankton) Hospital at Wagner.

In 1958 fiscal year there were -

25 beds available (average for year);

388 admissions and 44 births in hospital;

8.8 average daily inpatient load;

4,887 outpatient visits.

Some consultation to professional staff of this hospital provided by physician at Wagner Clinic, Wagner, through contract with PHS. However, most patients who require surgery or treatment of complicated illness are referred to the PHS Indian (Winnebago) Hospital, Winnebago, Nebraska.

HEALTH
RESOURCES

Hospital care at Federal expense may be authorized at the 22-bed Wagner Community Hospital, Wagner.

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Marty and Greenwood.

Dental services provided at St. Paul's Indian Mission School, Marty, and at Tyndall, by local private dentist, through contract with PHS.

Consultation from Aberdeen Area Office personnel concerning the various health activities including public health nursing, health education, nutrition, medical social service, and sanitary engineering; also consultation on sanitary engineering at government facilities serving Indians, through PHS contract with the South Dakota Department of Public Health.

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SPECIAL
PROBLEMS

HEALTH STATUS: Influenza and pneumonia the leading notifiable diseases reported 1955-1957. Respiratory, digestive, and infectious and parasitic diseases among the principal causes of hospital admissions at the Wagner Hospital, fiscal year 1957.

OTHER: Homes in poor condition. One-half of families lack readily accessible source of drinking water.

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FIELD NOTES AND OBSERVATIONS

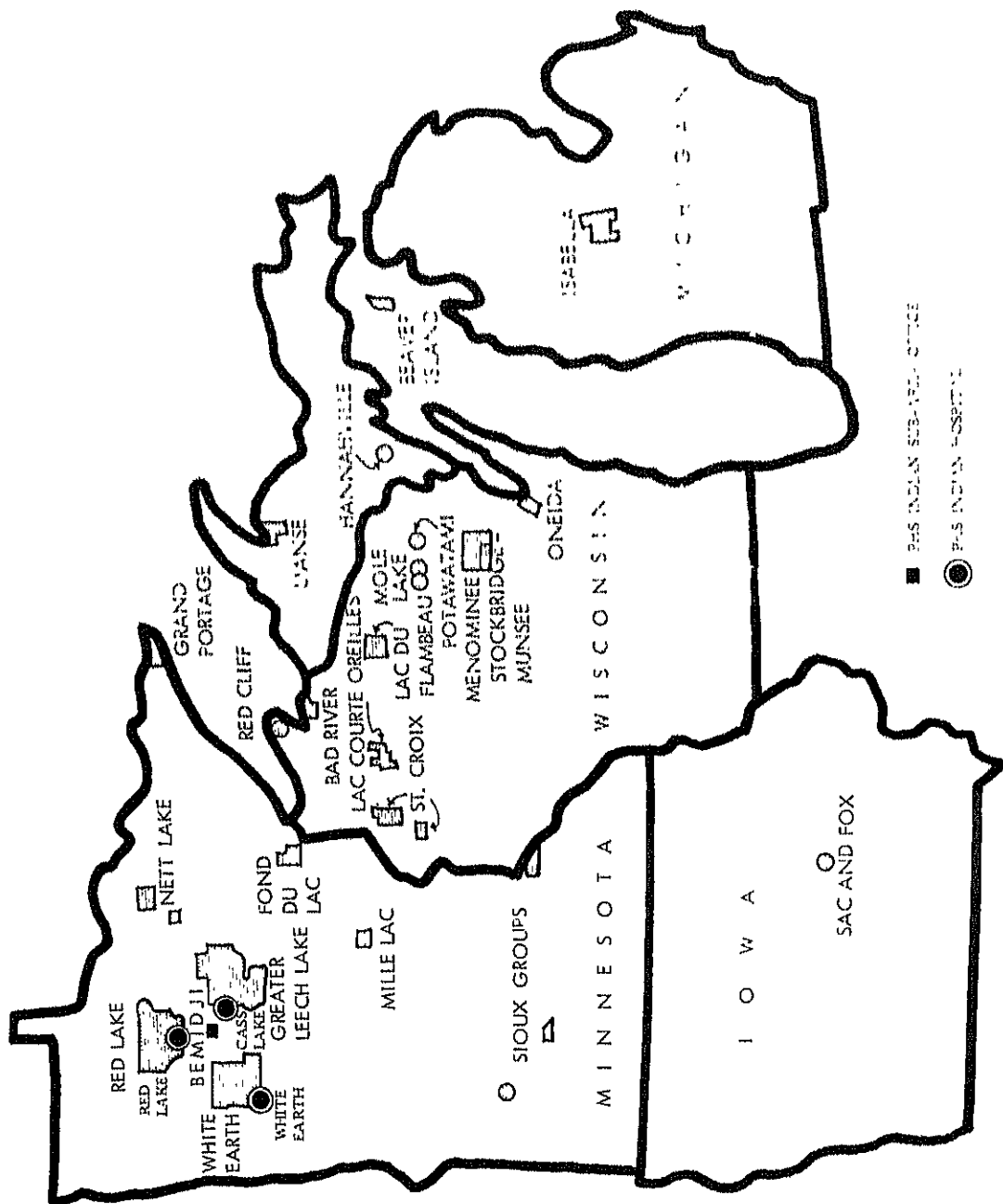
Part II. Iowa

Michigan

Minnesota

Wisconsin

FEDERAL INDIAN RESERVATIONS IN MINNESOTA, WISCONSIN, MICHIGAN AND IOWA



SAC AND FOX RESERVATION, IOWA

THE RESERVATION

LOCATION: The Sac and Fox Reservation is in central Iowa, Tama County. It is located at the outskirts of the town of Tama.

Principal settlement - Resident Indians live in an unnamed community west of the town of Tama.

Nearest off-reservation towns in Iowa (1950 pop.) - Tama (pop. 2,930) adjacent to reservation; Toledo (pop. 2,106) a few miles from Tama; Marshalltown (pop. 19,821) 20 miles to the west; and Waterloo (pop. 65,198) 50 miles to the north.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: 3,300 tribally owned acres, mostly farm and woodlands. About half of the farm land is leased to non-Indians on rental or share crop basis. Remaining land is unused, except for family allotted subsistence garden and grazing tracts.

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TRIBE: Sac and Fox

POPULATION: 500 estimated in PHS service area in 1957
504 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - Most are fully Indian.

Homes - Typical dwelling a small frame house.

Education - The Indian language is the principal language spoken in many homes. Most children now attend school regularly, the younger pupils enrolling at the reservation BIA day school, the older pupils at the public school in Tama.

Livelihood - Average family income low. Source - Wage labor away from the reservation (there is a paper mill and a small tile factory at Tama, a wood preservative factory at Toledo, a decorative tile factory at Marshalltown, and there are meat and egg packing plants at Waterloo -- all of which employ some Indians); seasonal agricultural labor, supplemented by family subsistence gardening.

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THE PEOPLE

HEALTH RESOURCES

HOSPITALS: General hospital care at Federal expense may be authorized at community hospitals, mainly the 150-bed Evangelical Hospital, Marshalltown, 20 miles west of Tama.

OTHER SERVICES: Part-time medical care by IOL through contract with the Public Health Ser

OTHER
NOTES

Older tribal members are closely tied to tribal customs. Sanitary conditions generally are poor.

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FIELD NOTES AND OBSERVATIONS

BAY MILLS RESERVATION, MICHIGAN

THE RESERVATION

LOCATION: The Bay Mills Reservation is located in northeastern Michigan, Chippewa County. It is situated at the heel of Whitefish Bay, Lake Superior.

Principal settlements - There is no Indian settlement as such on the Bay Mills Reservation, but Indians form a significant proportion of the settlers in the vicinity of Bay Mills.

Nearest off-reservation towns in Michigan (1950 pop.) - Sault Sainte Marie (pop. 17,912) is east and across the Bay from Bay Mills, some 25 miles away; Brimley (pop. 450) and Race (pop. 300), slightly to the south of the reservation.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: About 2,000 acres of tribally owned land of which 608 acres are on Sugar Island in the Bay. Mostly cut-over timber lands, divided into separate tracts.

* * * * *

TRIBE: Chippewa

POPULATION: 500 (approx.) residents in Chippewa County in 1957
312 enrolled tribal members in 1952

CHARACTERISTICS: Blood quantum - Very few fully Indian (1950).

Homes - Typical dwelling a frame house.

Education - Children attend public schools; all are transported by bus to Brimley.

Livelihood - Specific data lacking, but reportedly family income is low. Source - Wage labor at sawmill, logging, and timbering. Some arts and crafts.

Although the Indians here live at a low economic level, their incomes are not dissimilar from those of the low income rural non-Indian group nearby.

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THE PEOPLE

HEALTH RESOURCES

The Indians of the Bay Mills Reservation have been eligible for the same State and local health services as other citizens for a number of years. There are no special arrangements for Indians.

SPECIAL
PROBLEMS

HEALTH STATUS: Pneumonia the communicable disease most frequently reported for Michigan, 1957. Major causes of infant deaths in the State were influenza and pneumonia, 1953-1957. Death rate from diseases of heart (leading cause of Michigan Indian deaths) consistently higher than for all United States Indians, 1953-1957. Accidents the second leading cause of death among Indians in Michigan.

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FIELD NOTES AND OBSERVATIONS

HANNAHVILLE (POTAWATOMIE) COMMUNITY RESERVATION, MICHIGAN

LOCATION: This group of Indians lives in northern Michigan, in Menominee County. Their reservation is situated 15 miles west of Escanaba, at the upper end of Green Bay.

Principal settlements - The entire Hannahville Indian Community is made up of less than 30 homes. It is rural, and roughly divides into two separate clusters of houses: one, near Harris, the other, near Wilson. Homes are scattered along the side of the roads.

Nearest off-reservation towns in Michigan (1950 pop.) - Bark River (pop. 800); Harris (pop. 45); Wilson (pop. 750)--all three are close to the community of Hannahville. Escanaba (pop. 15,170) is 11 miles east of Harris, and 15 miles east of Wilson.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: Around 3,300 acres, all tribally owned except for less than 300 acres used as family farm subsistence tracts. Most of the Indian-owned land is scrubby cut-over timber land which still provides some timber for cutting. There are quite a few farms operated by non-Indians in the immediate vicinity. Soil is excellent for agricultural purposes.

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TRIBE: Potawatomie

POPULATION: 150 estimated in PHS service area in 1957
145 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - Reportedly 75% of the Hannahville Community group are fully Indian (1950).

Homes - Typical dwelling a 2-3 room frame house in poor repair. The houses are not suited to the severe winter weather encountered in this neighborhood; many have plastic windows. Severe overcrowding, 4-5 persons per unit.

Education - Little formal education. Approximately 25 children attended public school in 1956.

Livelihood - Average family income low. Seasonal agricultural work; day labor at sawmills or timbering.

THE
RESERVATION

THE
PEOPLE

HANNAHVILLE (POTAWATOMIE) COMMUNITY RESERVATION, MICHIGAN
(continued)

HEALTH
RESOURCES

HOSPITALS: ~~Hospital care~~ at Federal expense may be authorized at community hospitals, mainly the 125-bed St. Francis Hospital, Escanaba, 11 miles east of Harris and 15 miles east of Wilson.

OTHER SERVICES: ~~Part-time medical care~~ for Indians near Bark River, Wilson, and Harris by local private physician through contract with the Public Health Service.

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HEALTH STATUS: Pneumonia, dysentery, and gastroenteritis, and childhood diseases were the main notifiable diseases reported at the Hannahville Community in 1957.

SPECIAL
PROBLEMS

Pneumonia the communicable disease most frequently reported for Michigan, 1957. Major causes of infant deaths in the State were influenza and pneumonia, 1953-1957. Death rate from diseases of heart (leading cause of Michigan Indian deaths) consistently higher than for all United States Indians, 1953-1957. Accidents the second leading cause of death among Indians in Michigan.

OTHER: Sanitary conditions poor. Unsatisfactory sewage and garbage disposal.

Land is well suited to family garden tracts, but few gardens are under cultivation.

Standard of living generally is very poor.

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FIELD NOTES AND OBSERVATIONS

ISABELLA (SAGINAW) RESERVATION, MICHIGAN

LOCATION: The Isabella Reservation is situated due west of the foot of Saginaw Bay. Almost entirely located in Isabella County, Central Michigan.

Principal settlements - No named settlement. After the Indian Reorganization Act of 1934, the Federal Government purchased 506 acres of land for the tribe for homesites and agricultural purposes. The tribe maintains a community building and park on this land.

Nearest off-reservation towns - Mt. Pleasant, Michigan (1950 pop. 11,393) about 15 miles to the northeast of the reservation.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: Around 2,300 acres of which 1,817 are trust allotted to individual Indians. Most of the land is in family tracts, and is utilized for farming and grazing. This is not a reservation in the ordinary sense, but Indians do hold tribally owned land in common.

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TRIBE: Mostly Chippewa

POPULATION: 400 (approx.) residents in Isabella County in 1957
414 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 45% fully Indian in 1950.

Homes - Most Indians are still living in the 22 houses constructed by the Federal Government here shortly after 1934. These homes have been well maintained.

Education - Majority of persons speak English. Children attend public school. This is a rural district where Indians live as other citizens near them. The cultural and economic conditions of the Indians, and their standard of living are not unlike that of neighboring rural non-Indian low income groups.

Livelihood - Average family income low. Source - Wage work away from the reservation--seasonal agriculture, timbering, sawmill work, some factory work.

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The Indians of the Isabella Reservation have been eligible for the same State and local health services as other citizens for a number of years. There are no special arrangements for Indians.

SPECIAL
PROBLEMS

HEALTH STATUS: Pneumonia the communicable disease most frequently reported for Michigan, 1957. Major causes of Infant deaths in the State were Influenza and pneumonia, 1953-1957. Death rate from diseases of heart (leading cause of Michigan Indian deaths) consistently higher than for all United States Indians, 1953-1957. Accidents the second leading cause of death among Indians in Michigan.

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FIELD NOTES AND OBSERVATIONS

3

L'ANSE (KEWEENAW BAY) RESERVATION
and
ONTONAGON RESERVATION, MICHIGAN

THE
RESERVATION

LOCATION: The L'Anse Reservation is in Baraga County at the head of Keweenaw Bay, on the side of Lake Superior. The Ontonagon Reservation is about 30 miles away, also on Lake Superior, in Ontonagon County. Ontonagon Reservation is considered a part of the L'Anse Reservation for BIA administrative purposes.

Principal settlements - The Indians of the L'Anse Reservation live at L'Anse and at Zeba on the east side of the Bay, 4 miles from L'Anse. The Ontonagon Reservation does not have a resident population.

Nearest off-reservation towns - Baraga, Michigan (1950 pop. 942) is close to both reservations.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: About 16,000 acres of which 1,000 acres are tribally owned land, 4,000 are Government owned. Except for community home sites with garden tracts, most of the property is composed of cut-over forest and woodland. L'Anse and Ontonagon are not reservations in the ordinary sense of the word because most of the land is owned by individual Indian families.

* * * * *

TRIBE: Chippewa

POPULATION: 500 estimated in PHS service area in 1957
1,323 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 150 remain on the tribal rolls as being fully Indian (1950).

Homes - Typical dwelling a frame house, although there are some log houses.

Education - Most adults aged 25 and older had grade school education. Majority of children now attending public school.

Livelihood - Average family income low. Source - Seasonal timber, timber, logging, and sawmill labor. Some hunting, fishing, and trapping. This is a lumbering district where Indians form an integral part of the labor force and receive whatever benefits other citizens receive. However, level of living for all persons is low.

THE
PEOPLE

HEALTH
RESOURCES

Complete medical, nursing, and hospital services for PHS Indian beneficiaries in Baraga County, furnished by the Baraga County Department of Social Welfare at L'Anse, through contract with the Public Health Service. (The County refers most Indians requiring hospitalization to the 42-bed Baraga County Memorial Hospital, L'Anse.)

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SPECIAL
PROBLEMS

HEALTH STATUS: Pneumonia the communicable disease most frequently reported for Michigan, 1957. Major causes of infant deaths in the State were influenza and pneumonia, 1953-1957. Death rate from diseases of heart (leading cause of Michigan Indian deaths) consistently higher than for all United States Indians, 1953-1957. Accidents the second leading cause of death among Indians in Michigan.

OTHER: Local health and welfare services provided by County and State funds are available to Indian and general population on the same basis.

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FIELD NOTES AND OBSERVATIONS

OTHER INDIAN GROUPS IN MICHIGAN

LOCATION: Scattered groups of Indians live on the upper and the lower peninsula of the State. Included are Indians who dwell in Charlevoix, Emmet, and Leelanau Counties (the Petoskey Community, Beaver Island, and Fox Island); Indians who live in Mackinac County (Hog Island and St. Ignace), and those in Arenac, Delta, and Manistee Counties. There are no Indian settlements as such in these counties. Principal centers of trade are Charlevoix (1950 pop. 2,695) and Petoskey (1950 pop. 6,468).

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

THE RESERVATION

LAND: These scattered groups of Indians do not live on reservations in the ordinary sense, although they may live on homestead tracts of tax-free land which at one time was a part of a larger Indian-owned holding. No tribally owned land here today.

The most readily identifiable of these miscellaneous Indian holdings are on three islands: Beaver Island and Hog Island which together consist of 1,749 acres; Fox Island which consists of 619 acres of land allotted to individual Indians in trust.

Inland Indian holdings are indistinguishable from those of non-Indians.

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TRIBES: Chippewa and Ottawa

POPULATION: 950 (approx.) residents in 1957

CHARACTERISTICS: Blood quantum cannot be estimated because there is so little concentration of Indian population in these counties.
Education - Children attend public schools in the vicinity of their homes.
Livelihood - Family income varies from group to group, but the region is not highly developed economically and it is unlikely that there are well-to-do Indian families in these portions of Michigan. Economic circumstances of Indians are similar to those of the low income non-Indian rural groups nearby. Source - Income is derived principally during tourist season from employment as fishing guides, hunting guides, housekeepers, etc. Also many Charlevoix and Emmet County Indians are seasonally employed at Mackinac Island.

THE PEOPLE

OTHER INDIAN GROUPS IN MICHIGAN (continued)

HEALTH RESOURCES

The Indians in Charlevoix, Emmet, Leelanau, Arenac, Delta, and Manistee Counties have been eligible for the same State and local health services as other citizens of each respective county for a number of years. There are no special arrangements for Indians.

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SPECIAL PROBLEMS

HEALTH STATUS: Pneumonia the communicable disease most frequently reported for Michigan, 1957. Major causes of infant deaths in the State were influenza and pneumonia, 1953-1957. Death rate from diseases of heart (leading cause of Michigan Indian deaths) consistently higher than for all United States Indians, 1953-1957. Accidents the second leading cause of death among Indians in Michigan.

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FIELD NOTES AND OBSERVATIONS

FOND DU LAC RESERVATION, MINNESOTA

THE RESERVATION

LOCATION: The Fond du Lac Reservation is in northeast Minnesota, near Duluth. The land reserved for Indians is in Carlton and southern St. Louis Counties. It is within the area bounded on the north and the east by the St. Louis River. Fond du Lac Reservation adjoins the Fond du Lac State Forest and Game Refuge on the west, and extends southward to U.S. Highway #210.

Principal settlements - Sawyer is the only settlement within the reservation boundaries; Brookston (1950 pop. 180) is located at the northeastern border of the reservation.

Nearest off-reservation towns in Minnesota (1950 pop.) - Carlton (pop. 650) and Cloquet (pop. 7,685) are close to the eastern portion of the reservation; Iverson and Sawyer, small unincorporated villages, are along the southern border; Duluth (pop. 104,511) is less than 20 miles from Cloquet.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota.

LAND: The reservation is composed of some 25,394 acres of land reserved for Indians under BIA supervision. Less than 5,000 of these acres are in tribal ownership, the remainder in individual Indian hands. Topography is almost exclusively that of cut-over woodland, and is of little value. There are more than one hundred lakes and streams on the reservation.

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TRIBE: Chippewa

POPULATION: 700 estimated in PHS service area in 1957
1,450 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 4% fully Indian in 1950;
25% one-half or more Indian.

Homes - Typical dwelling a 2 or 3-room frame house. 4 persons per dwelling unit (median). 1.4 persons per room (median). Most of the homes at the reservation were built just after the turn of the century.

Education - Among the Indians on Federal reservations in Minnesota, exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 or older had 7.6 years or more schooling (1950). 96% of persons aged 6 and older at Fond du Lac Reservation speak and read English. Most children attend public schools.

Livelihood - The average family income at Fond du Lac Reservation is the highest of any Indian group in Minnesota, and is slightly above the average family income of all rural persons in the State.

Source - Work at local wood industries including timbering and logging and other work in Duluth; sale of timber. There is a tribally operated fish hatchery on the Fond du Lac Reservation.

THE PEOPLE

HOSPITALS: The former Public Health Service Indian Hospital at Cloquet was closed in March 1958.

Hospital care at Federal expense for Indians in Carlton County may be authorized at community hospitals, mainly the 76-bed Cloquet Community Hospital, close to eastern portion of the reservation, where physicians of the Raiter Clinic provide medical care to patients through contract with PHS; also at the 355-bed St. Luke's Hospital and the 400-bed St. Mary's Hospital, both at Duluth, 20 miles from Cloquet.

HEALTH
RESOURCES

OTHER SERVICES: Medical care provided at Raiter Clinic, Cloquet, by contract with PHS (mostly for Indians in Carlton County). Prescriptions to PHS beneficiaries treated at this clinic are also provided through contract with PHS.
Public health nursing services by Carlton and St. Louis County Health Departments provided through PHS contract with the Minnesota State Department of Health.
Environmental sanitation service provided by PHS sanitarian stationed at Cass Lake (Greater Leech Lake Reservation).
Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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SPECIAL
PROBLEMS

HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia 1954-1957. Influenza and pneumonia, and gastroenteritis were the leading notifiable diseases reported at Fond du Lac Reservation in 1957.

OTHER: Many wells at this community are inadequately protected. Garbage and refuse disposal a major problem here.

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FIELD NOTES AND OBSERVATIONS

GRAND PORTAGE (PIGEON RIVER) RESERVATION, MINNESOTA

THE RESERVATION

LOCATION: The Grand Portage Reservation is located on the extreme northeastern tip of Minnesota, in Cook County. The northern boundary of the reservation touches Canada where the Pigeon River flows into Lake Superior. The reservation extends westward to the Reservation River, also to the Grand Portage State Forest and Game Reserve.

Principal settlements - Grand Portage, a village situated on tribal lands; Mineral Center, Pigeon River, and Red Rock villages, are located within the confines of the reservation at the west, north, and south borders, respectively.

Nearest off-reservation towns in Minnesota (1950 pop.) - Grand Marais (pop. 1,078) 35-40 miles to the southwest of Grand Portage; Duluth (pop. 104,511) some 155 miles to the southwest.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota

LAND: Almost 43,000 acres, of which some 32,000 acres are tribally owned. Mostly cut-over forest and timber lands.

* * * * *

TRIBE: Chippewa

POPULATION: 250 estimated in PHS service area in 1957
399 enrolled Tribal members in 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - 15% fully Indian in 1950;
60% one-half or more Indian.

Homes - Typical dwelling a 3 or 4-room frame house built from rehabilitation funds and still in good repair.

Education - Among the Indians on Federal reservations in Minnesota, exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 or older had 7.6 years or more schooling (1950); most persons aged 6 and older at Grand Portage Reservation speak and read English.

Livelihood - Average family income is low. Employment opportunities limited. Source - Timber sales, logging some commercial fishing, hunting, arts and crafts, sun guides.

FACILITIES AND SERVICES: No direct medical services provided by Public Health Service. New 12-bed North Shore Hospital at Grand Marais recently opened. PHS participated in cost of construction to assure availability of at least 2 beds for Indian use.

HEALTH RESOURCES

Through PHS contract with Minnesota State Department of Welfare, medical care and hospitalization provided to PHS Indian beneficiaries who are not eligible for such care under federally-aided public assistance programs.

Public health nursing services by Cook County Health Department through PHS contract with Minnesota State Department of Health.

Environmental sanitation service provided by PHS sanitarian aide stationed at Red Lake.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957.

SPECIAL PROBLEMS

OTHER: Limited opportunities exist for employment on the reservation, and men must travel long distances to find jobs. The soil at the village of Grand Portage is very rocky, unsuited to agriculture.

Extremely difficult to dig into the rocky surface to provide protection for water supplies and to establish proper garbage disposal pits.

GREATER LEECH LAKE RESERVATION, MINNESOTA

THE RESERVATION

LOCATION: Greater Leech Lake Reservation is in north central Minnesota, principally in Cass and Itasca Counties, and in a corner of Beltrami County. It is almost entirely enclosed within the Chippewa National Forest. Leech Lake, Cass Lake, and Lake Winnibigoshish constitute prominent portions of the reservation proper.
Principal settlements (1950 pop.) - Ball Club, Bena (pop. 331), and Cass Lake (pop. 1,936) are located on U.S. Highway #2 which runs across the reservation. Other Indian families are concentrated at smaller settlements of Bowstring, Inger, Onigum, and Squaw Lake.
Nearest off-reservation towns in Minnesota (1950 pop.) - Bemidji (pop. 10,001) is 15 miles west of Cass Lake. Grand Rapids (pop. 6,019) is at least 45 miles west of Cass Lake; Bigfork (pop. 463) 35 miles from northeast edge of reservation.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota

LAND: Some 78,500 acres, almost entirely cut-over forest and woods. About 10,000 acres are in tribal ownership; the remainder are in individual Indian family ownership. Checkerboarded by non-Indian land holdings and by the Chippewa National Forest. Countless small lakes in addition to the three larger lakes named above.

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TRIBE: Chippewa

POPULATION: 2,800 estimated in PHS service area in 1957, many of whom are enrolled at White Earth but reside at Greater Leech Lake.
2,403 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 40% fully Indian in 1950;
74% one-half or more Indian.
Homes - Typical dwelling a 2-room frame house. 4.3 persons per dwelling unit (median). 1.9 persons per room (median).
Education - Among the Indians on Federal reservations in Minnesota, exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 or older had 7.6 years or more schooling (1950); 91% of persons aged 6 and older at Greater Leech Lake Reservation read and speak English. Most children attend public school.
Livelihood - This is probably the lowest earning group of all Indian groups in Minnesota. Average family income only one-third that of all rural farm families in the State. Source - Wage labor in local wood industries (timbering, pulpwood, sawmills); common labor on roads, railways, and at iron ore mines. Wild rice harvesting in September each year.

THE PEOPLE

GREATER LEECH LAKE RESERVATION, MINNESOTA (continued)

HOSPITALS: Public Health Service Indian Hospital at Cass Lake. In 1958 fiscal year there were -
29 beds available (average for year);
940 admissions and 122 births in hospital;
11.3 average daily inpatient load;
13,881 outpatient visits.

OTHER SERVICES: Regularly scheduled clinics held at Bena, Inger, and Onigum by PHS hospital staff from Cass Lake.

HEALTH
RESOURCES

Through Public Health Service contract with Minnesota State Department of Health, Indians living in Itasca County are served by public health nurse of the local health department. In addition, public health nurse totally supported by Minnesota State Department of Health serves Indians living in Cass County.

Dental services and environmental sanitation service provided by PHS personnel stationed at Cass Lake.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or the Indian Health Bemidji Office.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957. Influenza and pneumonia, and diseases of childhood were the leading notifiable diseases reported in 1957 at Greater Leech Lake Reservation.

SPECIAL
PROBLEMS

Respiratory diseases and accidents were among the principal causes of hospital admissions at PHS Indian Hospital, Cass Lake, fiscal year 1957.

OTHER: Needed improvements in sanitation are now under way.

MILLE LAC RESERVATION, MINNESOTA

THE RESERVATION

LOCATION: The Mille Lac Reservation is in east central Minnesota, mainly in Aitkin and Mille Lacs Counties. It is surrounded on all sides by the Mille Lacs Game Refuge.

Principal settlements - Indian communities are concentrated at the lower end of Mille Lacs Lake. Vineland, on the west side of the lake, is the principal Indian settlement on the reservation. Isle, on the east side of the lake and close to Father Hennepin State Park, is also a trading center.

Nearest off-reservation towns in Minnesota (1950 pop.) - Brainard (pop. 12,637) is about 30 miles due west of the northern shoreline of Mille Lacs Lake; Onamia (pop. 704), less than 5 miles from southern tip of reservation.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota.

LAND: About 3,400 acres of timber and woodland, of which some 1,400 acres are tribally owned. The land is of little value.

* * * * *

TRIBE: Chippewa

POPULATION: 500 estimated in PHS service area in 1957
452 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - not known.

Homes - Typical dwelling a 2-room frame house. 5 persons per dwelling unit (median); more than 2 persons per room.

Education - Among the Indians on Federal reservations in Minnesota, exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 or older had 7.6 years or more schooling (1950).

Livelihood - Average family income low. Indians live at subsistence level at Mille Lac Reservation, finding work when available. Logging and timbering; small income derived from birch bark souvenirs, summer resort jobs, and guiding for tourists.

THE PEOPLE

FACILITIES AND SERVICES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 28-bed Onamia Hospital, Onamia, 5 miles from southern tip of reservation.

Through Public Health Service contract with Minnesota State Department of Welfare, medical care and hospitalization provided to PHS Indian beneficiaries who are not eligible for such care under federally-aided public assistance programs.

HEALTH
RESOURCES

Public Health Service Indian Health Locations at Vineland and Isle, each served part-time by a local private physician through contract with PHS.

Public health nursing services provided by Mille Lacs County Health Department, through PHS contract with Minnesota State Department of Health.

Environmental sanitation service provided by PHS sanitarian stationed at Cass Lake (Greater Leech Lake Reservation).

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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SPECIAL
PROBLEMS

HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957. Influenza and pneumonia, and measles, were the most frequently reported notifiable diseases at Mille Lac Reservation in 1957.

OTHER: Employment scarce. Despite cold weather, homes on the reservation are equipped only with wood stoves and kerosene lamps. General unsanitary conditions.

NETT LAKE (BOIS FORT) RESERVATION, MINNESOTA

LOCATION: The Nett Lake Reservation is in northeast Minnesota, some 40 miles south of the Canadian border, mainly in Koochiching and St. Louis Counties. It is extremely isolated, about 80 miles north of the Mesabi Iron Range. The reservation encloses Nett Lake; extends to the Kabetogama State Forest and Game Refuge on the east and to the Koochiching State Forest and Game Refuge on the west.

THE RESERVATION

Principal settlements - Bois Fort, on State Road #65; Nett Lake, on the eastern shore of Nett Lake.

Nearest off-reservation towns in Minnesota (1950 pop.) - Cook (pop. 482), 50 miles southeast of Nett Lake; International Falls (pop. 6,269), 55 miles to the north of the reservation edge.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota

LAND: Over 79,000 acres of forest and timberland, one-third of which is tribally owned. Land is of little value.

* * * * *

TRIBE: Chippewa

POPULATION: 500 estimated in PHS service area in 1957
809 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 57% fully Indian in 1950;
89% one-half or more Indian.

Homes - Typical dwelling a 2-room frame house. 4.4 persons per dwelling unit (median). 1.7 persons per room (median).

There are about 75 homes at the Nett Lake settlement, scattered over some 60 acres of land. Most homes are small and overcrowded.

Education - Among the Indians on Federal reservations in Minnesota exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 and older had 7.6 years or more schooling (1950). 87% of persons aged 6 and older at Nett Lake Reservation read and speak English.

Livelihood - Average family income low. Source - Timbering, logging, and mine labor when available. Employment is scarce most of the year except during the short 4-week wild rice harvesting season.

THE OPLE

FACILITIES AND SERVICES: No direct medical services provided by the Public Health Service. New 18-bed Cook Community Hospital at Cook recently opened. PHS participated in cost of construction to assure availability of at least 3 beds for Indian use.

Through PHS contract with Minnesota State Department of Welfare, medical care and hospitalization provided to PHS Indian beneficiaries who are not eligible for such care under federally-aided public assistance programs.

HEALTH RESOURCES

Public health nursing services by St. Louis County Health Department through PHS contract with Minnesota State Department of Health.

Environmental sanitation service provided by PHS sanitarian aide stationed at Red Lake.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957. Influenza and pneumonia, and childhood diseases were the main notifiable diseases reported at Nett Lake, 1957.

SPECIAL PROBLEMS

OTHER: Large number of rocks in this area make it difficult to drill a well or to dig a garbage pit. Sewage and garbage disposal facilities unsatisfactory at present.

Soil is of heavy loam, and in some places clay. Agriculture limited.

RED LAKE RESERVATION, MINNESOTA

THE RESERVATION

LOCATION: The Red Lake Reservation is in northern Minnesota, in Beltrami and Clearwater Counties. The reservation is just south of the Beltrami Island Game Refuge and west of the Pine Island State Forest and Game Refuge. Mainly distinguished by the Lake. Principal settlements - Three in number--Ponemah, an isolated village located on the peninsula that separates Upper Red Lake from Lower Red Lake; Redby; and Red Lake Agency. Nearest off-reservation towns in Minnesota (1950 pop.) - Bemidji (pop. 10,001) is less than 35 miles south of Red Lake Agency, the most important town nearby. The small municipality of Kelliher (pop. 336) can be reached over gravel roads, and is 35 miles to the northeast of Red Lake Agency. Two towns, each about 30 miles west of the western edge of the reservation, are not readily accessible by road--Red Lake Falls (pop. 1,733) and Thief River Falls (pop. 6,920).

BIA Field Office - Minnesota Agency, Bemidji, Minnesota.

LAND: Some 573,000 tribally owned acres. Principally forest and timberland, with considerable swamp and brush. There is a small amount of farm and grazing land on the reservation.

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TRIBE: Chippewa

POPULATION: 3,000 estimated in PHS service area in 1957
2,923 enrolled Tribal members in 1950

CHARACTERISTICS: Blood quantum - 41% fully Indian in 1950;
81% one-half or more Indian.

Homes - Typical dwelling a 2-room house. 4.9 persons per dwelling unit (median). 2.2 persons per room (median).

Education - Half of adults aged 25 and older at Red Lake Reservation had 7.4 years or more schooling (1950); 95% of persons aged 6 and older read and speak English. Most children attend public school.

Livelihood - Average family income less than half rural farm families in Minnesota. Source - Emr¹ tribal sawmill; logging; some farming; limit found in nearby towns; commercial trapping. Families receive per capita payments at irregular intervals from tribal funds.

Tribal enterprise - The Red Lake Chippewa operate a tribal sawmill. Timber sales produce some income. Lesser earnings accrue to tribe from fish sales. Revenue is utilized to cover the cost of tribal government, including a tribal welfare assistance program. A considerable portion of such revenue is held in tribal reserve from which per capita payments are made occasionally.

THE PEOPLE

RED LAKE RESERVATION, MINNESOTA (continued)

HOSPITALS: Public Health Service Indian Hospital at Red Lake.

In 1958 fiscal year there were -

26 beds available (average for year);

963 admissions and 122 births in hospital;

18.9 average daily inpatient load;

15,445 outpatient visits.

Hospital care at Federal expense may be authorized at community hospitals. Some use is made of the 75-bed Lutheran Hospital, Bemidji, about 35 miles south of Red Lake Agency. Patients who require specialized therapy may be referred to the 644-bed University of Minnesota Hospitals, Minneapolis, 224 miles from Bemidji. Other hospitals used are the 350-bed St. Mary's Hospital, Duluth, 155 miles from Bemidji, also the 65-bed Bethesda Hospital and the 130-bed St. Francis Hospital, both at Crookston, 165 miles from Bemidji.

HEALTH RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Stations at Redby and Ponemah.

Through PHS contract with Minnesota State Department of Health, State public health nurses serve this reservation.

Public health nursing, dental, and environmental sanitation services provided by PHS personnel stationed at Red Lake.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or the Indian Health Bemidji Office.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957. Influenza and pneumonia were the leading notifiable diseases reported at Red Lake Reservation in 1957.

Pneumonia the leading cause of infant death at Red Lake Reservation, 1957. Respiratory diseases, diseases of the digestive system and accidents were among the principal causes of hospital admissions at PHS Indian Hospital, Red Lake, fiscal year 1957.

SPECIAL PROBLEMS

OTHER: Since Red Lake Reservation is in tribal ownership, the land within its boundaries is exempt from State and County jurisdiction. Red Lake Band of Chippewa Indians have their own tribal court, their own police force, and their own legislative body in the form of a Tribal Council.

In order to relieve inadequacies of water supply, the tribe plans to construct one new community well at each of three locations.

THE RESERVATION

LOCATION: The White Earth Reservation is in western Minnesota, principally in Mahnomen County, but includes small portions of Becker and Clearwater Counties. The western boundary of the reservation reaches to within 40 miles of the North Dakota State line.

Principal settlements (1955 pop. est.) - Naytahwaush (pop. 295); Ponsford (pop. 529); White Earth (pop. 484); and the smaller settlements of Callaway, Elbow Lake, Pine Bend, Round Lake, and Waubun.

Nearest off-reservation towns in Minnesota (1950 pop.) - Mahnomen (pop. 1,464) is an incorporated municipality within the boundaries of the reservation but is not primarily settled by Indians. Bagley (pop. 1,554) is close to the northeast tip of the reservation; Bemidji (pop. 10,001) is some 20 miles farther to the east of Bagley; Detroit Lakes (pop. 5,787), 26 miles south of White Earth; Park Rapids (pop. 3,027) is just off the southeast corner of the reservation.

BIA Field Office - Minnesota Agency, Bemidji, Minnesota

LAND: Some 58,000 acres of land, of which almost 29,000 acres are owned by the Federal Government. Mostly cleared timberland and farm land, nine-tenths of which is non-Indian operated. Checkerboarded with non-Indian holdings.

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TRIBE: Chippewa

POPULATION: 2,200 estimated in PHS service area in 1957
9,390 enrolled Tribal members in 1950, many of whom
now reside at Greater Leech Lake and receive
health services there.

CHARACTERISTICS: Blood quantum - 6% fully Indian in 1950;
39% one-half or more Indian.

Homes - Typical dwelling a 3-room frame house. 5 persons per dwelling unit (median). 1.7 persons per room (median). Most homes are in poor repair and lack sanitary facilities.

Education - Among the Indians on Federal reservations in Minnesota, exclusive of the Scattered Sioux and the Red Lake Chippewa groups, half of adults aged 25 years or older had 7.6 years or more schooling (1950); nearly all persons aged 6 and older at the White Earth Reservation read and speak English. Children attend public and mission schools.

Livelihood - The Chippewa at White Earth Reservation are one of the highest earning groups among Indians in Minnesota; yet income is considerably less than the average for all rural farm families in the State. Source - Seasonal work in cutting timber and pulpwood; agriculture (especially wild rice and potatoes); hunting, fishing, and guiding.

THE PEOPLE

WHITE EARTH RESERVATION, MINNESOTA (continued)

HOSPITALS: Public Health Service Indian Hospital at White Earth
In 1958 fiscal year there were -

19 beds available (average per year);
521 admissions and 95 births in hospital;
8.7 average daily inpatient load;
10,088 outpatient visits.

Hospital care at Federal expense may be authorized at comm hospitals, mainly the 46-bed St. Joseph's Hospital at Park Re the 33-bed Clearwater County Memorial Hospital at Bagley, 25 60-bed St. Mary's Hospital at Detroit Lakes, and the new Mahnomen County and Village Hospital, Mahnomen. PHS participated in cost of construction of the hospital at Mahnomen to assure availability of at least 9 beds for Indian use.

HEALTH RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Stations at Naytahwaush and at Ponsford.

Through PHS contract with Minnesota State Department Health, Indians living in eastern portion of reservation are served by public health nurse from Hubbard County. In addition, public health nurse supported totally by Minnesota State Department Health serves Indians living in the western part of White Earth Reservation.

Dental services and environmental sanitation services provided by PHS personnel stationed at White Earth.

Consultant service on special health problems provided by staff in Aberdeen Area Office or the Indian Health Bemidji Office.

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HEALTH STATUS: Combined reports for notifiable diseases among Indians living on Federal Indian reservations in Minnesota show a high incidence of pneumonia, 1954-1957. Influenza and pneumonia and diseases of childhood were the leading notifiable diseases reported at White Earth in 1957.

SPECIAL PROBLEMS

Respiratory diseases and accidents were among the principal causes of hospital admissions at the PHS Indian Hospital at White Earth, fiscal year 1957.

OTHER: Generally unsatisfactory sanitary conditions; inadequate garbage and refuse disposal. A deep-well turbine pump has recently been installed to serve the hospital and some 100 nearby Indian families. Protected water supplies are not generally found in the reservation.

SCATTERED SIOUX RESERVATION COMMUNITIES, SOUTHERN MINNESOTA

LOCATION: A number of small Sioux Reservation communities are scattered throughout southern Minnesota. No one of these communities occupies a prominent position on the map, yet each retains its Indian identity. These small Sioux communities may be grouped, together with the name of the closest off-reservation town in Minnesota, and the 1950 population of that town, as follows:

THE RESERVATIONS

Southwest corner of Minnesota -	
Pipestone Reservation	Pipestone County
Pipestone, pop. 5,269	648 acres
Along the Minnesota River -	
Upper Sioux Reservation	Yellow Medicine County
(Granite Falls, pop. 2,511)	739 acres
Lower Sioux Reservation	Redwood County
(Redwood Falls, pop. 3,813)	1,458 acres
Prior Lake Reservation	Scott County
(Shakopee, pop. 3,185)	258 acres
Along the Mississippi River -	
Prairie Island Reservation	Goodhue County
(Red Wing, pop. 10,645)	534 acres
Wabasha Reservation	Wabasha County
(Wabasha, pop. 2,468)	110 acres

BIA Field Office - Minneapolis Area Office, Minneapolis, Minnesota.

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CHARACTERISTICS: From fragmentary information, it appears that there are some 650 Indians living in groups at the above locations, and that these groups generally -

THE PEOPLE

- Are members of the Sioux Tribe;
- Live in simple wood or log houses, on farm tracts;
- Have grade school education;
- Work as wage laborers;
- Have a low family income at the subsistence level.

HEALTH
RESOURCES

SERVICES: Through PHS contract with Minnesota State Department of Welfare, medical care and hospitalization provided to PHS Indian beneficiaries who are not eligible for such care under federally-aided public assistance programs.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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OTHER
NOTES

These Indian people are scattered. No specific information available with regard to their health status or special problems at various communities.

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FIELD NOTES AND OBSERVATIONS

BAD RIVER (LA POINTE) and RED CLIFF RESERVATIONS, WISCONSIN

LOCATION: These two Indian reservations in northwest Wisconsin are traditionally associated with one another, both because they are close by, geographically, and because their distinguishing characteristics are similar.

The Bad River Reservation is principally located in Ashland County, along Lake Superior.

The Red Cliff Reservation, in the adjoining County of Bayfield, occupies a jut of land extending into Lake Superior a little to the northwest of Bad River.

Principal settlements (1950 pop.) - Odanah (pop. 872) is the main Indian settlement on the Bad River Reservation. Red Cliff (pop. 100) is the center of Indian population of the Red Cliff Reservation.

Nearest off-reservation towns in Wisconsin (1950 pop.) - Ashland (pop. 10,640) touches the Bad River Reservation at the eastern boundary of the city. Bayfield (pop. 1,153) is about 5 miles south of Red Cliff.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: The Bad River Reservation consists of almost 75,000 acres of restricted land most of which is covered with timber, but some of which is suited for livestock and the raising of crops.

The Red Cliff Reservation consists of 8,800 acres of land, including some 5,000 acres of tribally owned property. Most of this is cut-over timber land.

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TRIBE: Chippewa

POPULATION: 1,000-1,200 est. in PHS service area in 1957 (both reservations)
1,925 enrolled tribal members at both locations in 1950
1,275 enrolled tribal members at Bad River Res.
650 enrolled tribal members at Red Cliff Res.

CHARACTERISTICS: Blood quantum - 7% fully Indian at Bad River Reservation in 1950; none at Red Cliff. 32% one-half or more Indian at Bad River; 38% one-half or more Indian at Red Cliff Reservation.

Homes - Typical dwelling a frame house, usually in bad repair. Some homes, located at the flood area where Bad River overflows its banks, have been abandoned.

Education - Almost all persons aged 6 and older at each of these reservations read and speak English. At Great Lakes Agency (including most Wisconsin Indians other than the Menominee), half of adults aged 25 and older had 7.6 years or more schooling (1950). Children attend public school, but a few from Red Cliff Reservation are enrolled at Catholic Mission School.

Livelihood - Two of the lowest earning groups of all reservation Indians in Wisconsin. Average family income about one-third that of all rural farm families in the State. Source - Common labor, fishing, trapping, lumber work.

THE
RESERVATION

THE
PEOPLE

HOSPITALS: Hospital care at Federal expense may be authorized at community hospitals, mainly the 110-bed St. Joseph's Hospital, Ashland, 10 miles from Odanah and 30 miles from Red Cliff.

OTHER FACILITIES AND SERVICES: Part-time medical care - Private physician at Ashland serves Indians at Red Cliff and Odanah, through contract with PHS.

HEALTH RESOURCES

Through PHS contract with Ashland County Board, public health nursing services amounting to the equivalent of one public health nurse, furnished to Indians in Ashland and Bayfield Counties.

PHS sanitarian aide stationed at Ashland serves both Bad River and Red Cliff Reservations. Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or the Indian Health Bemidji Office.

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HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957.

SPECIAL PROBLEMS

OTHER: Most of the families at Red Cliff Reservation depend on a community well for their water supply, and carry the water to their homes in large uncovered pails. Sanitary conditions are very poor at both reservations. The Tribal Council at Bad River Reservation has set aside funds to improve community wells, and for a new garbage dump. This should relieve unsatisfactory sanitary condition.

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FIELD NOTES AND OBSERVATIONS

FOREST COUNTY POTAWATOMI and
MOLE LAKE (SAKAGON) COMMUNITIES, WISCONSIN

LOCATION: A small number of Potawatomi and Chippewa Indians live in scattered communities just north of the Menominee Reservation, mainly in Forest County.

Principal settlements - Although Indian families live in clusters, their settlements are not named. The Mole Lake group have settled 8 miles from the small town of Crandon. The Potawatomi are more widely separated, living in the environs of Soperton and Wabeno and also at Blackwell, Carter and Rat River, all in the Nicolet National Forest.

Nearest off-reservation towns in Wisconsin (1950 pop.) - Crandon (pop. 1,922) is 8 miles from Mole Lake Community. Soperton and Wabeno (pop. 900) are the focal points of the Forest County Potawatomi Indian groups. There are two nearby towns each with a hospital, Laona (pop. 1,113) and Rhinelander (pop. 8,774). Laona is 13 miles from Crandon and 8 miles from Wabeno. Rhinelander is 28 miles from Crandon and 35 miles from Wabeno.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: The Mole Lake Community is composed of 1,680 acres, all in tribal ownership. The Potawatomi Community has 11,040 acres, also owned by the tribe. In each instance most of the land is wooded, but there is a small amount of grazing land. Most Indians have small subsistence family farm tracts.

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TRIBES: Chippewa, at Mole Lake Community
Potawatomi at Forest County Potawatomi Community

POPULATION: 350 estimated in PHS service area in 1957 at the
two communities combined
545 enrolled tribal members in 1950
181 enrolled tribal members at Mole Lake Community
364 enrolled tribal members at Forest County
Potawatomi Community

CHARACTERISTICS: Blood quantum - not known.
Homes - Typical dwelling a frame house in bad repair. Some log huts; tar paper shacks. Badly overcrowded. (1957).
Education - At Great Lakes Agency (including most Wisconsin Indians other than the Menominee), half of adults aged 25 and older had 7.6 years or more schooling (1950). Children attend public school.
Livelihood - Incomes low. Source - Common labor at sawmills, logging, and timber work; road work; seasonal agriculture at potato harvesting; cherry picking; gathering wild rice; hunting and fishing; resort jobs.

THE
RESERVATION

THE
PEOPLE

HOSPITALS: Hospital care at Federal expense may be authorized at community hospitals, mainly the 120-bed St. Mary's Hospital, Rhinelander and the 20-bed Ovitz Hospital, Laona. Rhinelander is 28 miles from Crandon and 35 miles from Wabeno. Laona is 13 miles from Crandon and 8 miles from Wabeno.

HEALTH
RESOURCES

OTHER SERVICES: Part-time medical care to Indians at Crandon and Mole Lake by local private physician through contract with PHS. Care of Indians at Blackwell, Carter, Rat River, Soperton, and Wabeno by another local private physician at Wabeno, also through contract with PHS.

Environmental sanitation services by PHS personnel stationed at Lac du Flambeau.

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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SPECIAL
PROBLEMS

HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957. Influenza epidemic reported among Forest County Potawatomi Communities in 1957.

OTHER: Measures needed to improve water supplies and garbage and refuse disposal.

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FIELD NOTES AND OBSERVATIONS

LAC COURTE OREILLES and ST. CROIX RESERVATIONS, WISCONSIN

LOCATION: The Lac Courte Oreilles and the St. Croix Reservations are in northwest Wisconsin, close to the Minnesota State boundary line.

Lac Courte Oreilles Reservation is in Sawyer County, and comprises a well identified portion of land. It is east of the St. Croix Reservation.

St. Croix Reservation is composed of scattered, unconnected tracts of land mainly in the eastern portion of Burnett County. Some small tracts in Polk County.

Principal settlements - Half of the Indian population of the Lac Courte Oreilles Reservation live at the village of Reserve; one-fourth live at the village of New Post.

The principal Indian settlements on the St. Croix Reservation are Balsam Lake (1950 pop. 488); and the smaller communities of Danbury, Round Lake, and Sand Lake.

Nearest off-reservation towns in Wisconsin (1950 pop.) - Hayward (pop. 1,577), just northwest of the Lac Courte Oreilles Reservation, is the trade and medical service center for both reservations.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: Lac Courte Oreilles Reservation consists of about 55,000 acres of land; St. Croix Reservation, only 1,614 acres. Wild rice lakes comprise a substantial portion of the territory, and Indian-owned tracts of land scatter about these lakes. The tracts contain cranberry bogs, subsistence farm lands, and grazing lands. Considerable property lies idle with second growth timber.

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TRIBE: Chippewa

POPULATION:

	Lac Courte Oreilles Reservation	St. Croix Reservation
Estimated in PHS service area, 1957	1,000	350
Enrolled tribal members, 1950	1,707	396

CHARACTERISTICS: Blood quantum - 23% fully Indian at Lac Courte Oreilles Reservation, with a lesser percentage at St. Croix Reservation (1950). 69% of Indians at Lac Courte Oreilles one-half or more Indian. This figure is not known for St. Croix.
Housing - Typical dwelling is a 2-room frame house with 4 or 5 persons per dwelling unit.

Education - 98% of persons aged 6 and older at Lac Courte Oreilles Reservation read and speak English (1950). For Great Lakes Agency (including most Indians in Wisconsin other than the Menominee), half of adults aged 25 and older had 7.6 years or more schooling. Children attend public school.

Livelihood - Earnings among the lowest of all reservation groups reported in Wisconsin. Average income is only one-third that of all rural farm families in the State. Source - Harvesting wild rice, seasonal agricultural work, common labor; some fishing and hunting; guiding tourists. A few families operate small stores or resorts. Timbering, once a major activity in this vicinity, is declining as resources dwindle.

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HOSPITALS: Hospital care at Federal expense may be authorized at community hospitals, mainly the 30-bed Hayward Area Memorial Hospital, Hayward, where physicians of the Hayward Clinic, through contract with the Public Health Service, provide medical care including surgery. This hospital was formerly the Hayward Indian Hospital, operated by the Bureau of Indian Affairs, but is now a community hospital. It is located a few miles northwest of the Lac Courte Oreilles Reservation. Some patients are referred to other local hospitals.

HEALTH RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Station at Reserve where PHS dental personnel are headquartered, and where physicians of the Hayward Clinic, through contract with PHS, hold field clinics.

Environmental sanitation service provided by PHS sanitarian aide stationed at Ashland (adjoining Bad River Reservation).

Consultant service on special health problems provided by PHS staff in Aberdeen Area Office or Indian Health Bemidji Office.

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HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957.

SPECIAL PROBLEMS

OTHER: In the past, school attendance has been irregular due principally to distance of homes from schools. Economic conditions at these communities are poor. Few employment opportunities.

LAC du FLAMBEAU RESERVATION, WISCONSIN

THE RESERVATION

LOCATION: The Lac du Flambeau Reservation is situated in the extreme north central portion of Wisconsin. It is principally in Vilas County, with minor holdings in Iron and Oneida Counties. The reservation is contiguous to the Northern Highlands State Forest on the northeast, and to the Chequamegon National Forest on the southwest.

Principal settlements - Largest concentration of Indians is at the village of Lac du Flambeau (1950 pop. 800).

Nearest off-reservation towns in Wisconsin (1950 pop.) - Woodruff (pop. 450) is 12 miles southeast of the Lac du Flambeau settlement. Mercer (pop. 850) is 17 miles northwest of Lac du Flambeau. Eagle River (pop. 1,469) 36 miles to the east; Tomahawk (pop. 3,534) 38 miles to the south; Rhinelander (pop. 8,774) 50 miles to the southeast of the Lac du Flambeau settlement.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: Around 35,000 acres of cut-over and second growth timberland. Many lakes. Small plots used for subsistence, gardening, and grazing.

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TRIBE: Chippewa

POPULATION: 900 estimated in PHS service area in 1957
1,105 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 44% fully Indian in 1950; 93% one-half or more Indian.

Homes - Typical dwelling a 3-4 room frame house. 5 persons per dwelling unit (median). 1.3 persons per room (median).

Education - 88% of persons aged 6 and older at Lac du Flambeau Reservation read and speak English (1950). At Great Lakes Agency (including most Wisconsin Indians other than the Menominee), half of adults aged 25 and older had 7.6 years or more schooling. Children attend public school.

Livelihood - Although the Chippewa at Lac du F the three highest income groups among Wisconsin family income is about two-thirds that of all rural the State. Source - Employment at electric and equipment plant nearby (mostly women); crop haul summer resorts, guiding, arts and crafts; trapping

THE PEOPLE

LAC du FLAMBEAU RESERVATION, WISCONSIN (continued)

HOSPITALS: Hospital care may be authorized at Federal expense at community hospitals, mainly the 19-bed Lakeland Memorial Hospital, Woodruff, 12 miles from the settlement of Lac du Flambeau; at the 45-bed Sacred Heart Hospital, Tomahawk, 38 miles to the south; and at the 120-bed St. Mary's Hospital, Rhinelander, 50 miles to the southeast of the settlement.

HEALTH
RESOURCES

OTHER FACILITIES AND SERVICES: Public Health Service Indian Health Station at Lac du Flambeau where PHS dental and environmental sanitation staff are stationed. Local private physician (through contract with PHS) provides part-time medical care here and at Woodruff.

Public health nursing services to Indians as to other citizens in Vilas County by local health department.

Consultant service on special health problems provided by PHS staff in Aberdeen Area office or Indian Health Bemidji Office.

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HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957.

SPECIAL
PROBLEMS

OTHER: Although most persons at Lac du Flambeau read and write English, assimilation into the way of life of the community at large has been slow.

Chippewa here are using tribal funds which have recently become available through a land claim settlement, to repair unprotected wells. Group is also showing an interest in developing a community water supply for Lac du Flambeau.

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FIELD NOTES AND OBSERVATIONS

LOCATION: The Menominee Indian group is unique in that the reservation is governed and financed almost entirely through the Tribal Council with a minimum of Federal supervision and services. The reservation is in northeastern Wisconsin, mainly in Shawano County, but it also reaches into the southwestern portion of Oconto County. The northern boundary of the reservation touches the Nicolet National Forest. Shawano Lake is situated a few miles to the southeast of the reservation.

Principal Indian settlements (1950 pop.) - The small community of Zoar is the only Indian settlement on this reservation. Indian families are also concentrated at Keshena (pop. 500), Neopit (pop. 1,257), and the smaller villages known as South Branch and West Branch.

Nearest off-reservation town - Shawano, Wisconsin (1950 pop. 5,824), 18 miles from Keshena, is the principal trading center in this region.

THE RESERVATION

BIA Field Office - Menominee Agency, Keshena, Wisconsin.

LAND: Almost 234,000 acres, wholly in tribal ownership. Some 9,000 of these acres consist of farm and pasture land on assignment by the tribe to individual Indian families, but the acreage is mainly forest and woodland operated by the tribe on a sustained yield basis. About 2,000 acres are made up of lakes, streams, and swamps.

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TRIBE: Menominee

POPULATION: 3,200 estimated on or near reservation in Oconto and Shawano Counties in 1957
3,270 enrolled tribal members in 1957

CHARACTERISTICS: Blood quantum - 8% fully Indian in 1950; 67% one-half or more Indian.

Homes - Typical dwelling a 4-room frame house. 5 persons per dwelling unit (median). 1.2 persons per room (median).

Education - Half of adults aged 25 and older had 8.4 years or more schooling (1950); 97% of persons aged 6 and older read and speak English. Most children attend public schools or mission schools nearby.

Livelihood - Average family income highest of any Indian group in Wisconsin. This is the only Indian reservation where the average family income exceeds the average for all rural farm families in the State.

Source - Employment at tribally operated sawmill and garment factory. Some farming, dairying, fishing, hunting; arts and crafts.

Tribal enterprise - The Menominee Indian Mills, a tribally owned and operated sawmill, provides employment for some 500 individuals. A complete operation of a power plant, machinery, and equipment of the mill, various services are maintained: water, power, telephone, also a general store and a warehouse. Housing for members of the tribe and per capita payments are financed from the mill.

THE PEOPLE

MENOMINEE RESERVATION, WISCONSIN (continued)

proceeds. The Tribal Council also reimburses State agencies for public health, welfare and agricultural extension services to Menominee Reservation Indians.

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HOSPITALS: Hospital care at tribal expense at the 60-bed St. Joseph's Indian Hospital, Keshena, on the reservation. This hospital was formerly operated by the Bureau of Indian Affairs, but was turned over to the Menominee Tribe a decade ago. The Tribe has contracted with a Catholic Order to operate the institution.

HEALTH RESOURCES

OTHER SERVICES: Although a Public Health Service sanitarian aide is stationed at this reservation, most health resources are financed by the Menominee tribal group.

Public health nursing services performed by public health nurse employed by the State of Wisconsin through contract with the Menominee Tribal Council.

Consultant service on special health problems provided by PHS staff in Aberdeen Area office or Indian Health Bemidji Office.

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HEALTH STATUS: Current data not available. Incidence of dysentery extremely high, 1954-1956.

OTHER: Working closely with the sanitarian aide, the Tribal Council is actively attacking some of the basic sanitation problems of the reservation.

SPECIAL PROBLEMS

- a. Water supply - A tribally employed engineering firm is making ground water survey to determine feasibility of substituting properly protected wells for present surface water systems. A new well supply and system has been installed at Zoar proper.
- b. A garbage and refuse collection and disposal system is now serving Keshena and Neopit. This service is provided by Tribal Council contract.

ONEIDA RESERVATION, WISCONSIN

LOCATION: The Oneida Reservation is in eastern Wisconsin, just below the tip of Green Bay. It is mainly in Outagamie and Brown Counties, but includes some holdings in Door County. Principal settlements - The greater part of the Oneida population is centered in and around the small village of Oneida.

Nearest off-reservation town - Green Bay, Wisconsin (1950 pop. 52,735) is some 11 miles east of Oneida.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: Some 5,000 acres of restricted lands form this reservation. Of these acres, 2,308 are non-Indian operated. Land is mostly used for farming except in Door County where holdings constitute cranberry marshlands.

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TRIBE: Oneida

POPULATION: 1,800 estimated on or near reservation in Brown and Outagamie Counties, 1957
3,473 enrolled tribal members in 1950

CHARACTERISTICS: Blood quantum - 76% fully Indian in 1950; 91% one-half or more Indian.
Homes - Typical dwelling a 3 or 4-room frame house. 4 persons per dwelling unit (median). 1 person per room (median).
Education - Almost all persons at the Oneida Reservation read and speak English (1950). At Great Lakes Agency (including most Wisconsin Indians other than the Menominee), half of adults aged 25 and over had 7.6 years or more schooling. Children attend public school.
Welfare - One of the highest income groups among Wisconsin Indians. Nevertheless, the average family income is only four-fifths that of the average income for all rural farm families in the State. Source - Employment as skilled laborers at Green Bay, Wisconsin. Only a small percentage of the population depends upon reservation resources. Some returns from land leases.

ONEIDA RESERVATION, WISCONSIN (continued)

HEALTH
RESOURCES

The Indian people who live at Oneida avail themselves of local **community** health resources in the same manner as other citizens in the vicinity .

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FIELD NOTES AND OBSERVATIONS

STOCKBRIDGE-MUNSEE RESERVATION, WISCONSIN

THE RESERVATION

LOCATION: The Stockbridge-Munsee Reservation is in northeastern Wisconsin, in Shawano County. It adjoins the Menominee Reservation on two sides, the north and the east, and completes the southwest sector of a rectangle of Indian land holdings formed largely by the Menominee Reservation.

Principal settlements - Bowler (1950 pop. 344).

Nearest off-reservation towns in Wisconsin (1950 pop.) - Gresham (pop. 427) about 10 miles southeast of Bowler; Shawano (pop. 5,894) 25 miles southeast of Bowler.

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: More than 13,000 acres wholly in tribal ownership. The land is covered with second growth timber that is managed on a sustained yield basis. Some residential farm and garden tracts.

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TRIBES: Stockbridge and Munsee

POPULATION: 300 estimated in PHS service area in 1957
491 enrolled tribal members in 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - not known.

Homes - Typical dwelling a frame house, about 4 persons per dwelling unit (median). The houses are fairly well built and are well maintained.

Education - Almost all persons aged 6 and older at the Stockbridge-Munsee Reservation read and speak English (1950). At Great Lakes Agency (including most Wisconsin Indians other than the Menominee), half of adults aged 25 and older had 7.6 years or more schooling. Children attend public schools.

Livelihood - Most families have a low annual income. Source - Wage employment at Green Bay and Milwaukee; seasonal agriculture; some timbering.

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HEALTH RESOURCES

Comprehensive medical care including nursing and hospitalization to indigent Indians in Shawano County provided by the Shawano County Department of Public Welfare through contract with the Public Health Service. (The County refers patients to the 200-bed Shawano County Hospital and to the 62-bed Shawano Municipal Hospital, both at Shawano, 25 miles southeast of Bowler and to the Community Hospital at Bowler.)

STOCKBRIDGE-MUNSEE RESERVATION, WISCONSIN (continued)

SPECIAL
PROBLEMS

HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957.

OTHER: The Stockbridge-Munsee group are fairly well assimilated into the community in which they live, respect education, and have a good understanding of the conservation of their timber. However, they have had difficulty in improving their economic standing because of limited job opportunities.

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FIELD NOTES AND OBSERVATIONS

WISCONSIN WINNEBAGO INDIANS, WISCONSIN

THE RESERVATION

LOCATION: The Wisconsin Winnebago Indians possess homestead allotments (formerly public domain land) consisting of 158 tracts in 9 counties, as well as miscellaneous restricted lands of 109 tracts in 11 other counties. Their main holdings are in Clark, Jackson, Juneau, LaCrosse, Marathon, Monroe, Shawano, and Wood Counties.

Principal settlements - There are no Wisconsin Winnebago settlements as such, but the Winnebagoes are concentrated largely in and around Black River Falls in Jackson County and Wisconsin Rapids in Wood County.

Nearest off-reservation towns in Wisconsin (1950 pop.) - Black River Falls (pop. 2,824); Shawano (pop. 5,894); Wisconsin Rapids (pop. 13,496).

BIA Field Office - Great Lakes Agency, Ashland, Wisconsin.

LAND: The homestead allotments total some 8,160 acres; the restricted lands total 4,552 acres. Some of this land is devoted to subsistence family farm tracts, but most of it consists of cut-over forest and woodland.

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TRIBE: Wisconsin Winnebago

POPULATION: 200 estimated in Wood County in 1957
900 estimated in other south central Wisconsin counties in 1957
1,504 enrolled tribal members in 1950

THE PEOPLE

CHARACTERISTICS: Blood quantum - 83% of the Wisconsin Winnebago Indians are said to be fully Indian (1944). No more recent data.

Homes - Typical dwelling a 3 or 4-room frame house. Some log huts and tar paper shacks. 4-5 persons per dwelling unit.

Education - 95% of persons aged 6 and older read and speak English. Children attend public schools.

Livelihood - Most families have a low annual income.

Source - Work at pulp mills; seasonal employment in cranberry marshes or at the harvesting of crops; sale of Indian-made baskets and novelties at roadside stands; some logging and timbering.

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HEALTH RESOURCES

Comprehensive medical care including nursing and hospitalization to indigent Indians in Wood County provided by the Wood County Department of Public Welfare, through contract with the Public Health Service. Patients from Wood County usually referred to the 77-bed Riverview Hospital, Wisconsin Rapids.

WISCONSIN WINNEBAGO INDIANS, WISCONSIN (continued)

SPECIAL PROBLEMS

HEALTH STATUS: Accidents and pneumonia reported to be the leading causes of death for Indians within the Great Lakes Agency; leading causes of death for Wisconsin Indians, in order of rank, were heart disease, accidents, pneumonia, and cancer, 1957.

OTHER: Members of this group are widely scattered; hence do not have tribal programs to improve their circumstances. Level of living is often very poor.

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FIELD NOTES AND OBSERVATIONS

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